

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100862

Entity Name: PARRISH FARMS, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

5770 NE 87TH COURT  
HIGH SPRINGS, FL 32655

## New Principal Place of Business:

5770 NE 87TH COURT  
HIGH SPRINGS, FL 32643

## Current Mailing Address:

PO BOX 2365  
HIGH SPRINGS, FL 32655

## New Mailing Address:

FEI Number: 59-3696700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARRISH, KAREN F  
5770 NE 87TH COURT  
HIGH SPRINGS, FL 32655 US

## Name and Address of New Registered Agent:

PARRISH, KAREN F  
5770 NE 87TH COURT  
HIGH SPRINGS, FL 32643 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PARRISH, KAREN  
Address: 5770 NE 87TH CRT  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D ( ) Delete  
Name: PARRISH, ALVA W  
Address: 5660 NE 87TH CRT  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VD ( ) Delete  
Name: PARRISH, GEORGE W SR  
Address: 5660 NE 87TH CRT  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: ST ( ) Delete  
Name: PARRISH, GEORGE W JR  
Address: 5770 NE 87TH CRT  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VD ( ) Delete  
Name: PARRISH, JUSTIN W  
Address: 5770 NE 87TH CRT  
City-St-Zip: HIGH SPRINGS, FL 32643

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN PARRISH

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date