

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90207 034 ***150.00

DOCUMENT # P00000101236

1. Entity Name

PARRISH CLEANING SERVICE, INCORPORATED



Principal Place of Business

RT 4, BOX 3530
LAKE BUTLER FL 32054

Mailing Address

RT 4, BOX 3530
LAKE BUTLER FL 32054



2. Principal Place of Business

13385 S.W. 76th Street

Suite, Apt. #, etc.

3. Mailing Address

13385 S.W. 76th Street

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Lake Butler FL

Zip
32054

Country

Union

City & State

Lake Butler FL

Zip
32054

Country

Union

4. FEI Number

59-3680113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRISH, ROSIE
RT 4, BOX 3530
LAKE BUTLER FL 32054

7. Name and Address of New Registered Agent

Name Parrish, Rosie

Street Address (P.O. Box Number is Not Acceptable)

13385 S.W. 76th Street

City

Lake Butler

FL

Zip Code

32054

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PARRISH, ROSIE
STREET ADDRESS RT 4, BOX 3530
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE SD ☐ Delete
NAME LANGFORD, GINNY
STREET ADDRESS RT 2, BOX 660-F
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ginny Langford

4-17-06 386-496-4545

Date

Daytime Phone #