

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000027246

1. Entity Name  
PARRISH GROUP, INC.



Principal Place of Business  
2282-A KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32309

Mailing Address  
2282-A KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32309

2. Principal Place of Business  
1701 HERMITAGE BLVD.  
Suite, Apt. #, etc.  
SUITE 202

3. Mailing Address  
1701 HERMITAGE BLVD.  
Suite, Apt. #, etc.  
SUITE 202

City & State  
TALLAHASSEE FL  
Zip  
32308  
Country  
USA

City & State  
TALLAHASSEE FL  
Zip  
32308  
Country  
USA

04052004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3732703

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GOLDBERG, STUART E  
2039 CENTRE POINTE BLVD., STE. 201  
TALLAHASSEE, FL 32308

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME PARRISH, ROBERT R  
STREET ADDRESS 2282 A KILLEARN CENTER BLVD  
CITY-ST-ZIP TALLAHASSEE, FL 32309

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1701 HERMITAGE BLVD. SUITE 202  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000033801770  
04/26/04--01010--025 \*\*711.25

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

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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

FILED

04 APR 22 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

66415721

