2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# P01000053550

Entity Name: SCOTT D. PARRISH, P.A.

Current Principal Place of Business:

356 CARRIAGE LANE
LADY LAKE, FL 32159

New Principal Place of Business:

19 OCALE WAY S
SUMMERFIELD, FL 34491

Current Mailing Address:

356 CARRIAGE LANE
LADY LAKE, FL 32159

New Mailing Address:

19 OCALE WAY S
SUMMERFIELD, FL 34491

FEI Number: 59-3748300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRISH, SCOTT D
356 CARRIAGE LANE
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

PARRISH, SCOTT D
19 OCALE WAY S
SUMMERFIELD, FL 34491 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: _____ 04/20/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PARRISH, SCOTT D
Address: 356 CARRIAGE LANE
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PARRISH, SCOTT D
Address: 19 OCALE WAY S
City-St-Zip: SUMMERFIELD, FL 34491

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT D. PARRISH D 04/20/2005
Electronic Signature of Signing Officer or Director — Date