

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068425

Entity Name: PARISH & BOWMAN, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

204 W. RUSKIN PLACE
SEASIDE, FL 324594877

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 4877
SEASIDE, FL 324594877

New Mailing Address:

FEI Number: 59-3726614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, VICTOR S
204 W RUSKIN PL-BOX 4877
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWMAN, VICTOR S
Address: 204 W RUSKIN PL
City-St-Zip: SEASIDE, FL 32459

Title: COO () Delete
Name: PARISH, JOHN W
Address: 1213 CEDAR AVE
City-St-Zip: NICEVILLE, FL 325573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOWMAN, VICTOR S
Address: 204 W RUSKIN PL
City-St-Zip: SEASIDE, FL 32459

Title: P (X) Change () Addition
Name: PARISH, JOHN W
Address: 1213 CEDAR AVE
City-St-Zip: NICEVILLE, FL 325573

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: VICTOR BOWMAN

D

03/10/2009

Electronic Signature of Signing Officer or Director

Date