


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90032 020 ***150.00

DOCUMENT # P02000037798 1. Entity Name PARRISH LAWN SERVICE, INC.		
Principal Place of Business 1820 E RAY ST. HERNANDO, FL 34442-4931	Mailing Address 1820 E RAY ST HERNANDO, FL 34442-4931	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PARRISH, EUGENE L 1820 E RAY ST HERNANDO, FL 34442-4931		DO NOT WRITE IN THIS SPACE
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARRISH, EUGENE L 1820 E RAY ST HERNANDO, FL 344424931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARRISH, MARY A. 1820 E. RAY ST. HERNANDO, FL 34442-4931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 Chapter 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: <u>Eugene L Parrish</u> EUGENE L. PARRISH 2-28-07 952-726-6637 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

b0047981



02032007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2670923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	