2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000054279

1. Entity Name

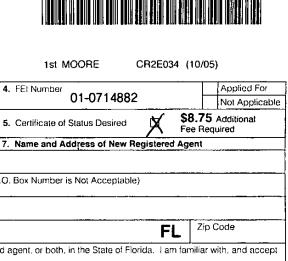
PARRISH CONVENIENCE HOLDINGS, INC.



Mailing Address Principal Place of Business 2808 MANATEE AVE W 2808 MANATEE AVE W **BRADENTON FL 34205** BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE City & State City & State 4. FEI Number 01-0714882 Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name OZARK, DAMIAN M ESQ Street Address (P.O. Box Number is Not Acceptable) 2808 MANATEE AVE W **BRADENTON FL 34205** 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 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State

FILED Mar 28, 2006 8:00 am Secretary of State

03-28-2006 90116 008 ***158.75



\$5.00 May Be

Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change Addition AVERY, JOHN NAME NAME STREET ADDRESS PO BOX 274 STREET ADDRESS CITY-ST-ZIP PARRISH FL 34219 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Channe ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: