2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000030307

1. Entity Name

PARNELL-DAVIS INCORPORATED



FILED
Jan 28, 2005 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

2011 BAYVIEW PLACE

INDIAN ROCKS BEACH, FL 33785 U

2011 BAYVIEW PLACE

INDIAN ROCKS BEACH, FL 33785

US



DO NOT WRITE IN THIS SPACE

01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0507109 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DAVIS, JEFFREY D 2011 BAYVIEW PLACE INDIAN ROCKS BEACH, FL 33785 DO NOT WRITE
IN THIS SPACE

| | named entity submits this statement for the plons of registered agent. | urpose of changing its registered office | ce or re | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|---|---|--|-----------|--------------------------------|---|
| SIGNATURE_ | Signature, typed or printed name of registered agent and title is | f applicable. (NOTÉ, Registered Agent | signature | required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | 10 10 2 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PARNELL, AMY B 2011 BAYVIEW PLACE INDIAN ROCKS BEACH, FL 33785 | | | | 100000201819 01/28/05-80082-004 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DAVIS, JEFFREY D 2011 BAYVIEW PLACE INDIAN ROCKS BEACH, FL 33785 | : | | | · |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN T | THIS SPACE |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | _ | | · · · · · · · · · · · · · |
| TITLE NAME | | | | | |

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:

CITY-ST-ZIP

21) 1677104 L

1/25/2005

727-596-7460

Date

Daytime Phone #