


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90280 017 \*\*\*150.00



|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P04000087740</b><br>1. Entity Name<br><b>J PARRISH ENTERPRISES INC</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>3020 ERNEST DR<br/>APT D<br/>AUBURNDALE, FL 33823</b>   |  |   | Mailing Address<br><b>3020 ERNEST DR<br/>APT D<br/>AUBURNDALE, FL 33823</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt #, etc.                                    |   |  |
| City & State  |  |   | City & State  |   |  |
| Zip   |  | Country   |   | Zip   |  |
| Country   |  | Country   |   | 4. FEI Number<br><b>20-1207149</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Address of Current Registered Agent<br><b>PARRISH, JOHNNIE L JR<br/>3020 ERNEST DRIVE<br/>APT D<br/>AUBURNDALE, FL 33823</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br>SIGNATURE <u><i>Johnnie Lee Parrish Jr.</i></u> <span style="float: right;">3-31-05</span><br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>PARRISH, JOHNNIE L JR<br/>3020 ERNEST DR APT D<br/>AUBURNDALE, FL 33823</b> | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| 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: <u><i>Johnnie Lee Parrish Jr.</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | Date<br><b>3-31-05</b>  |   | Daytime Phone #<br><b>863-661-2424</b> |

ATTACHMENT

40069184

# P04000087740

☐ VOID ☐ CORRECTED

|  |  |   |  |                |                                 |  |
|--|--|---|--|----------------|---------------------------------|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no.<br>TREES 4 AMERICA, INC.<br>2128 DEERFIELD DRIVE<br>LAKELAND, FL 33183-1319<br>863-648-5588                                       |  | 1 Rents   | OMB No. 1545-0115                                      |                | <b>Miscellaneous<br/>Income</b> |  |
|  |  | \$  | <b>2004</b><br>Form <b>1099-MISC</b>                   |                |                                 |  |
|  |  | 2 Royalties   |  |                |                                 |  |
|  |  | \$  |  |                |                                 |  |
| PAYER'S Federal Identification number<br>20-1623618  |  | RECIPIENT'S identification number<br>267-87-8974  |  | 3 Other income | 4 Federal income tax withheld   | <b>Copy 1<br/>For State Tax<br/>Department</b> |
|  |  |   |  | \$             | \$                              |  |
| RECIPIENT'S name<br>JOHNNIE L. PARRISH<br><br>Street address (including apt. no.)<br>3020 ERNEST DR APT D<br><br>City, state, and ZIP code<br>AUBURNDALE, FL 33823-3868<br><br>Account number (optional) |  | 5 Fishing boat proceeds   | 6 Medical and health care payments                     |                |                                 |  |
|  |  | \$  | \$   |                |                                 |  |
|  |  | 7 Nonemployee compensation  | 8 Substitute payments in lieu of dividends or interest |                |                                 |  |
|  |  | \$ 16072.25   | \$   |                |                                 |  |
| 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>   |  | 10 Crop insurance proceeds  |  |                |                                 |  |
|  |  | \$  |  |                |                                 |  |
| 11    |  | 12  |  |                |                                 |  |
|  |  |   |  |                |                                 |  |
| 13 Excess golden parachute payments  |  | 14 Gross proceeds paid to an attorney   |  |                |                                 |  |
|  |  | \$  |  |                |                                 |  |
| 15   |  | 16 State tax withheld   | 17 State/Payer's state no.                             |                | 18 State income                 |  |
| \$   |  | \$  |  |                | \$                              |  |

Form 1099-MISC

Department of the Treasury - Internal Revenue Service