

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138503

FILED
Feb 18, 2009
Secretary of State

Entity Name: PARRISH SHADE TOP, INC.

Current Principal Place of Business:

5498 ARAGON AVE
DELEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1127
DELEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 20-1761563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARRISH, ANTHONY N
5498 ARAGON AVE
DELOEN SPRINGS, FL 32130 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: PARRISH, ANTHONY
Address: P.O. BOX 1127
City-St-Zip: DELEON SPRINGS, FL 32130

Title: V () Delete
Name: PARRISH, JONATHAN
Address: P.O. BOX 1127
City-St-Zip: DELEON SPRINGS, FL 32130

Title: T () Delete
Name: PARRISH, GWENDOLYN
Address: P.O. BOX 1127
City-St-Zip: DELEON SPRINGS, FL 32130

Title: S () Delete
Name: ANDERSON, MELISSA
Address: P.O. BOX 1127
City-St-Zip: DELEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GWENDOLYN PARRISH

T

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date