

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015097

Entity Name: SOBER ESCORTS, INC.

FILED  
Jan 17, 2009  
Secretary of State

## Current Principal Place of Business:

728 NW 39TH COURT  
OCALA, FL 34470

## New Principal Place of Business:

1187 SE 65TH CIRCLE  
OCALA, FL 34472

## Current Mailing Address:

728 NW 39TH COURT  
OCALA, FL 34470

## New Mailing Address:

1187 SE 65TH CIRCLE  
OCALA, FL 34472

FEI Number: 54-2166268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PARRISH, DONALD R JR  
728 NE 39TH CT  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

PARRISH, DONALD R JR  
1187 SE 65TH CIRCLE  
OCALA, FL 34472 US

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: DONALD R PARRISH JR

01/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PARRISH, DONALD R JR  
Address: 728 NW 39TH COURT  
City-St-Zip: Ocala, FL 34470

Title: VD ( ) Delete  
Name: PARRISH, DONALD R JR  
Address: 728 NE 39TH CT  
City-St-Zip: Ocala, FL 34470

Title: STD ( ) Delete  
Name: PARRISH, AMYAH P  
Address: 3804 PIONEER TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: PARRISH, T.J.  
Address: 2800 APPLE AVE.  
City-St-Zip: MT. VERNON, IL 62864

Title: D ( ) Delete  
Name: WHEELER, RICHARD  
Address: 3804 PIONEER TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: EATER, JAMIE A  
Address: 728 NE 39TH CT  
City-St-Zip: Ocala, FL 34470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PARRISH, DONALD R JR  
Address: 1187 SE 65TH CIRCLE  
City-St-Zip: Ocala, FL 34472

Title: VD (X) Change ( ) Addition  
Name: PARRISH, DONALD R JR  
Address: 1187 SE 65TH CIRCLE  
City-St-Zip: Ocala, FL 34472

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: D (X) Change ( ) Addition  
Name: EATER, JAMIE A  
Address: 1187 SE 65TH CIRCLE  
City-St-Zip: Ocala, FL 34472

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: DONALD R PARRISH JR

PD

01/17/2009

Electronic Signature of Signing Officer or Director

Date