

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P94000005396**

1. Entity Name  
**JAMES L. PARRIS, INC.**



**FILED**  
04 JUN -1 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
~~260 VININGS WAY BLVD #3105~~ ~~260 VININGS WAY BLVD #3105~~  
~~DESTIN, FL 32541 US~~ ~~DESTIN, FL 32541 US~~

2. Principal Place of Business 3. Mailing Address  
**318 Elliott Rd. SE** **318 Elliott Rd SE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Ft. Walton Bch, FL** **Ft. Walton Bch, FL**  
Zip Country Zip Country  
**32548** **Okaloosa** **32548** **Okaloosa**

03262003 Chg-P CR2E034 (10/03) **TR**

6. Name and Address of Current Registered Agent  
**PARRIS, JAMES L**  
~~260 VININGS WAY BLVD #3105~~  
~~DESTIN, FL 32541~~

4. FEI Number Applied For  
**65-0454693** Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**318 Elliott Rd. S.E.**  
City **Ft. Walton Bch** **FL** Zip Code **32548**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRIS, JAMES L. <del>260 VININGS WAY BLVD #3105</del> <del>DESTIN, FL 32541</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>318 Elliott Rd. SE</b> <b>Ft. Walton Bch, FL 32548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500037732025</b> <b>06/08/04--01005--025 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **6/1/04** Date Daytime Phone #