




2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000005396 1. Entity Name JAMES L. PARRIS, INC.						FILED 05 JAN -6 PM 12:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 318 ELLIOTT RD S E FT WALTON BCH, FL 32548 US				Mailing Address 318 ELLIOTT RD S E FT WALTON BCH, FL 32548 US			
2. Principal Place of Business		3. Mailing Address		01062005 Chg-P CR2E034 (10/03)		4. FEI Number 65-0454693	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PARRIS, JAMES L 318 ELLIOTT RD S E FT WALTON BEACH, FL 32548				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRIS, JAMES L 318 ELLIOTT RD S E FT WALTON BCH, FL 32548			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400044675534 01/13/05--01018--002 **158.75		
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		
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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: 				Date 1/6/05 Daytime Phone # 850-499-2317			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							