

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 22 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000034664

1. Entity Name  
PARRISH BUILDERS & DEVELOPMENT CORP.



Principal Place of Business  
2282 A. KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32309

Mailing Address  
2282 A. KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32309

66415722



2. Principal Place of Business  
1701 HERMITAGE BLVD.

3. Mailing Address  
1701 HERMITAGE BLVD.

Suite, Apt. #, etc.  
SUITE 202

Suite, Apt. #, etc.  
SUITE 202

City & State  
TALLAHASSEE, FL

City & State  
TALLAHASSEE, FL

Zip  
32308

Country  
USA

Zip  
32308

Country  
USA

04052004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3311049

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PARRISH, ROBERT JR.  
2282-A KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32309

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1701 HERMITAGE BLVD.

SUITE 202

City

TALLAHASSEE

FL

Zip Code

32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
PARRISH, JR. R ☐ Delete  
STREET ADDRESS  
6110 THOMASVILLE ROAD  
CITY-ST-ZIP  
TALLAHASSEE, FL 32312

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
900033801789  
04/26/04--01010--025 \*\*711.25

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

Date

Daytime Phone #