2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2005 08:00 AM **Secretary of State DOCUMENT # P96000003764** DAVID PARRISH DESIGN, INC. Principal Place of Business Mailing Address 1922 SAN MARCO PLACE 1922 SAN MARCO PLACE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 No Chg-P 01152005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3352090 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARRISH, DAVID R DO NOT WRITE 1922 SAN MARCO PLACE JACKSONVILLE, FL 32207 IN THIS SPACE 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 algorature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. U00000186365 TITLE 01/21/05-80054-002 150. NAME PARRISH, DAVID R 1922 SAN MARCO PLACE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

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

FILED