

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90026 025 ***150.00

DOCUMENT # P96000089430					
1. Entity Name PARISH OLDE TOWNE CENTRE, INC.					
Principal Place of Business 1020 EIGHTH AVE S SUITE ONE NAPLES, FL 34102 US			Mailing Address 1020 EIGHTH AVE S SUITE ONE NAPLES, FL 34102 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1250 N. TAMiami TRAIL Suite, Apt. #, etc. #101			
City & State		City & State NAPLES, FL		4. FEI Number 59-3406877	
Zip	Country	Zip 34102	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARISH, DAVID E 261 AQUA COURT NAPLES, FL 34102				7. Name and Address of New Registered Agent Name PARISH, JOAN K. Street Address (P.O. Box Number is Not Acceptable) 636 18TH AVE. N.E. City ST. PETERSBURG FL Zip Code 33704	
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 <u>Joan K. Parish</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>7-13-05</u>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input checked="" type="checkbox"/> Delete PARISH, DAVID E 261 AQUA COURT NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 636 18TH AVE N.E. ST. PETERSBURG, FL 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PARISH, JOAN K 261 AQUA COURT NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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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: <u>Joan K. Parish</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>7-13-05</u> <small>Date</small>	