

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

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 1250 N TAMPAH TRAIL # 101 NAPLES, FL 34102 US	
DO NOT WRITE IN THIS SPACE		
01112008 No Chg-P CR2E034 (11/05) 4. FBI Number 59-3406877 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PARISH, JOAN K 636 18TH AVE NE SAINT PETERSBURG, FL 33704		
DO NOT WRITE 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 obligation of registered agent.		
SIGNATURE <u><i>Joan Parish</i></u> 4-1-08 In ink, typed or printed name of registered agent and the 1. signature.		
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	PARISH, JOAN K	
STREET ADDRESS	636 18TH AVE NE	
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33704	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
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CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 637, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the employment.		
SIGNATURE: <u><i>Joan Parish</i></u> 4-1-08 In ink, typed or printed name of officer or director and the 1. signature.		



01112008 No Chg-P CR2E034 (11/05)

4. FBI Number
59-3406877

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

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