


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90049 032 ***150.00

DOCUMENT # P99000009519
1. Entity Name
PARRISH HAY FARM INC.



Principal Place of Business
**RT. 2 BOX 176A
LAKE BUTLER FL 32054**

Mailing Address
**RT. 2 BOX 176A
LAKE BUTLER FL 32054**



2. Principal Office
**PARRISH HAY FARM, INC.
7422 SOUTH COUNTY ROAD 231
LAKE BUTLER, FL 32054**

3. Mailing Office
**PARRISH HAY FARM, INC.
7422 SOUTH COUNTY ROAD 231
LAKE BUTLER, FL 32054**

1st MOORE CR2E034 (10/05)

City & State
LAKE BUTLER, FL 32054

City & State
LAKE BUTLER, FL 32054

Zip
32054

Country
UNION

Zip
32054

Country
UNION

4. FEI Number
59-3559078

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ROBERT E. PARRISH
PARRISH, ROBERT E 7422 SOUTH COUNTY ROAD 231
RT. 2 BOX 176A
LAKE BUTLER FL 32054**

New 911 Address

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PARRISH, ROBERT E	
STREET ADDRESS	RT 2 BOX 176 A	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARRISH, ROBERT B	
STREET ADDRESS	RT 4 BOX 3532	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Robert E Parrish* *Robert E Parrish* **2-1-06** **386-867-2112**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #