

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90029 004 ***158.75

DOCUMENT # 386698

1. Entity Name

PHIL MOOK ENTERPRISES, INC.



Principal Place of Business

1108 W. BRANDON BLVD.
BRANDON FL 33511

Mailing Address

1108 W. BRANDON BLVD.
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1362247**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOOK, CHRISTOPHER
1108 W. BRANDON BLVD.
BRANDON FL 33511

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VC	☐ Delete
NAME	MOOK, NANCY	
STREET ADDRESS	1108 W BRANDON BLVD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	P	☐ Delete
NAME	MOOK, CHRISTOPHER	
STREET ADDRESS	404 FERN CLIFF AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	D	☐ Delete
NAME	GORBICS, PAMELA MOOK	
STREET ADDRESS	1603 COTTAGEWOOD DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	☐ Delete
NAME	MOOK, CHRISTOPHER C.	
STREET ADDRESS	404 FERN CLIFF AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL 32617	
TITLE	D	☐ Delete
NAME	MOOK, JENNIFER L.	
STREET ADDRESS	823 TIMBER POND DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	ST	☐ Delete
NAME	MOOK, JENNIFER L	
STREET ADDRESS	823 TIMBERPOND DR	
CITY-ST-ZIP	BRANDON FL 33510	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	PAMELA MOOK GORBICS	
STREET ADDRESS	1111 SAVANNAH LANDINGS AVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

1/28/04