## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Burnett, S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Secretary

## Apr 26, 2005 8:00 am Secretary of State **DOCUMENT #387236** 04-26-2005 90150 047 \*\*\*150.00 1. Entity Name PHILJOHN, INC. Principal Place of Business Mailing Address **60 W ROBINSON STREET 60 W ROBINSON STREET** P.O. BOX 3753 P.O. BOX 3753 ORLANDO, FL 32802-3753 ORLANDO, FL 32802-3753 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 59-2496544 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HINSON, J.A. Street Address (P.O. Box Number is Not Acceptable) 60 W ROBINSON ORLANDO, FL 32801 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDC ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME HINSON, J.A. NAME 60 W ROBINSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP STD TITLE ☐ Delete TITLE □ Change ☐ Addition NAME BURNETT, H. L. NAME 60 W. ROBINSON ST. STREET ADDRESS STREET ADDRESS ORLANDO, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it in an address, with all other like impowered.

**FILED** 

407-422-6105