

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832152

FILED
Apr 30, 2004
Secretary of State

Entity Name: PHILLIPS AND JORDAN, INCORPORATED

Current Principal Place of Business:

6621 WILBANKS ROAD
KNOXVILLE, TN 379121314

New Principal Place of Business:

Current Mailing Address:

6621 WILBANKS ROAD
KNOXVILLE, TN 379121314

New Mailing Address:

FEI Number: 56-0694573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: PHILLIPS, W. T., SR.,
Address: 800 BRIKWORTH BLVD.
City-St-Zip: KNOXVILLE, TN

Title: SD () Delete
Name: NICHOLS, CONNIE H.
Address: 902 FOREST RIDGE CIRCLE
City-St-Zip: KNOXVILLE, TN

Title: PD () Delete
Name: TURNER, BEN R.,
Address: 35502 BUTTS LANDING
City-St-Zip: DADE CITY, FL

Title: VD () Delete
Name: PHILLIPS, W.T. J
Address: 5818 LYONS VIEW DR
City-St-Zip: KNOXVILLE, TN

Title: VPTD () Delete
Name: MCMULLEN, J PATRICE
Address: 16 HICKORY PLACE
City-St-Zip: NORRIS, TN 37928

Title: V () Delete
Name: ORR, SCOTT
Address: 32645 TRILBY ROAD
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: NICHOLS, CONNIE H.
Address: 902 FOREST RIDGE CIRCLE
City-St-Zip: KNOXVILLE, TN

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change () Addition
Name: MCMULLEN, J PATRICK
Address: 16 HICKORY PLACE
City-St-Zip: NORRIS, TN 37928

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE H NICHOLS

D

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date