

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832152

FILED  
Apr 26, 2006  
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: 22501 SR 52  
City-St-Zip: LAND O'LAKES, FL 34639

Title: VSD ( ) Delete  
Name: NICHOLS, CONNIE H  
Address: 902 FOREST RIDGE CIRCLE  
City-St-Zip: KNOXVILLE, TN 37932

Title: PD ( ) Delete  
Name: TURNER, BEN R  
Address: 35502 BUTTS LANDING  
City-St-Zip: DADE CITY, FL 33525

Title: VD ( ) Delete  
Name: PHILLIPS, W.T., JR.  
Address: 4360 LYONS POINTE LANE  
City-St-Zip: KNOXVILLE, TN 37919

Title: VPTD ( ) Delete  
Name: MCMULLEN, J PATRICK  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: VD (X) Change ( ) Addition  
Name: PHILLIPS, W.T., JR.  
Address: 2223 BREAKWATER DR.  
City-St-Zip: KNOXVILLE, TN 37922

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

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 Chapter 119, 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

Electronic Signature of Signing Officer or Director

VSD

04/26/2006

Date