

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56638

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: J. PHILLIPS PRINTING, INC.

**Current Principal Place of Business:**

1711 S.W. 17TH ST.  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

1711 S.W. 17TH ST.  
OCALA, FL 34471 US

**New Mailing Address:**

FEI Number: 59-2924602      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOSEPH G PHILLIPS JR  
1711 SW 17TH ST  
1711 S.W. 17TH ST.  
OCALA, FL 34471 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: DP ( ) Delete  
Name: PHILLIPS, JOSEPH G JR  
Address: 1711 SW 17TH ST.  
City-St-Zip: Ocala, FL 34471 US

Title: VP ( ) Delete  
Name: PHILLIPS, KAY H  
Address: 1711 S.W. 17TH ST.  
City-St-Zip: Ocala, FL 34471 US

Title: T ( ) Delete  
Name: WOMBLE, JOLEA P  
Address: 1711 S.W. 17 ST  
City-St-Zip: Ocala, FL 34471 US

Title: S ( ) Delete  
Name: PHILLIPS, SUSAN D  
Address: 1711 SW 17TH STREET  
City-St-Zip: Ocala, FL 34471

Title: C ( ) Delete  
Name: PHILLIPS, JOSEPH G SR  
Address: 1711 SW 17TH STREET  
City-St-Zip: Ocala, FL 34471

**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: ( ) 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 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: JOLEA P. WOMBLE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

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03/05/2009

\_\_\_\_\_ Date