

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90017 025 ***150.00

DOCUMENT # P00000001438 1. Entity Name RONALD PHILIPS, INC.					
Principal Place of Business 708 ROYAL PALM AV LADY LAKE, FL 32159			Mailing Address 708 ROYAL PALM AV LADY LAKE, FL 32159		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BX 414			
Suite, Apt. #, etc. 24901 NE HWY 315		Suite, Apt. #, etc. 			
City & State ORANGE SPRINGS		City & State ORANGE SPRINGS FL			
Zip 32182		Country USA		Zip 32182	
Country USA		Country USA			
4. FEI Number 65-0995164			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PHILIPS, HARVEY 708 ROYAL PALM AV. LADY LAKE, FL 32159			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 24901 NE HWY 315 City ORANGE SPRINGS FL Zip Code 32182		
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 <u><i>Harvey Philips</i></u> DATE <u>5/12/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILIPS, RONALD 708 ROYAL PALM AV LADY LAKE, FL 32159		<input type="checkbox"/> Delete		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Ronald Philips</i></u> DATE <u>5/12/08</u> DAYTIME PHONE # <u>352-546-3709</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					