2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000103941

1. Entity Name

PHOENIX SALES ASSOCIATES, INC.



FILED Feb 10, 2004 08:00 AM Secretary of State

Principal Place of Business 2279 SEMINOLE ROAD

2279 SEMINOLE ROAD SUITE 6

ATLANTIC BEACH, FL 32233

Mailing Address

2279 SEMINOLE ROAD

SUITE 6

DO NOT WRITE IN THIS SPACE

ATLANTIC BEACH, FL 32233



02092004

No Chg-P

CR2E034 (10/03)

4. FEI Number 04-3714685 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREITBART, JERRE G 2279 SEMINOLE ROAD SUITE 6 ATLANTIC REACH, FL 3

DO NOT WRITE IN THIS SPACE

ATLANTIC BEACH, FL 32233			iit iiiio oi Aoe	
	named entity submits this statement for the plant of registered agent.	surpose of changing its registere	d office or registered agent, or bo	th, in the State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, lyped or printed name of registered agent and title	II applicable (NOTE Registered	Agent signature required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	ping \$5.00 May Be	U00000045023 02/11/04-80047-002 150.80
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREITBART, JERRE G 2279 SEMINOLE ROAD, SUITE 6 ATLANTIC BEACH, FL 32233			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN [*]	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 attadhment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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