2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2005 8:00 am **Secretary of State** DOCUMENT # P03000065109 1. Entity Name 05-04-2005 90172 033 \*\*\*150.00 PHILLIP MICHAEL, INC. Principal Place of Business Mailing Address 7343 GALL BLVD ZEPHYRHILLS FL 33541 7343 GALL BLVD ZEPHYRHILLS FL 33541 50047718 3. Mailing Address 2. Principal Place of Business 6951 0951 Call Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 32-0105851 Not Applicable SA Country Country \$8.75 Additional Certificate of Status Desired )SPA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent av nomas VANATER, THOMAS Street Address (P.O. Box Number is Not Acceptable) 7343 GALL BLVD ZEPHYRHILLS FL 33541 8. The above named early 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 tered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete VANATER, THOMAS NAME NAME 7343 GALL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 attachaptent with an address, with all other like empowered.

an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachg

SIGNATURE:

**FILED**