

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90017 015 ***150.00

DOCUMENT # *0400 0164927-5*

1. Entity Name

PHOENIX HUMANITARIAN GROUP INC
402 N. LAKESIDE DRIVE
LAKE WORTH FL 33460-2117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

402 N. LAKESIDE DR

3. Mailing Address

402 N. LAKESIDE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40018054

CR2E034B (8/05)

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

John J Broz

JOHN J BROZ

2/24/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
RALPH STRAPPEDE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
JOHN J BROZ
402 N. LAKESIDE DR
LAKE WORTH FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEC
DOUGLAS R HASSY
7901 WINDSONG DRIVE
TRUSSVILLE, AL 35173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J BROZ

2/24/06

Date

Daytime Phone #

(541) 582-8685

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.