


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90008 046 \*\*\*150.00

**44001703**



DOCUMENT # P93000003826					
1. Entity Name PHRST & COMPANY, INC.					
Principal Place of Business <del>1201 N ORENNABARE BLVD</del> FLAGLER BEACH, FL 32136		Mailing Address <del>1201 N ORENNABARE BLVD</del> FLAGLER BEACH, FL 32136			
2. Principal Place of Business 1201 N OCEANSHORE BLVD Suite, Apt. #, etc.		3. Mailing Address 1201 N OCEANSHORE BLVD Suite, Apt. #, etc.		01112004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0387309	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent DAVID, THOMAS L 1428 BRICKELL AVE. 5TH FLOOR MIAMI, FL 33131			7. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKER, DR. CLAUDIA J	NAME			
STREET ADDRESS	1201 N OCEANSHORE BLVD → OCEANSHORE	STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKER, RAYMOND A → OCEANSHORE	NAME			
STREET ADDRESS	1201 N OCEANSHORE BLVD	STREET ADDRESS			
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Claudia J. Parker</i> CLAUDIA J. PARKER				Date: _____ Daytime Phone: 305-613-7687	