


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90029 014 ***150.00

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DOCUMENT # P93000003826			
1. Entity Name PHRST & COMPANY, INC.			
Principal Place of Business 1201 OCEANSHORE BLVD FLAGLER BEACH, FL 32136		Mailing Address 1201 N ORENNABARE BLVD FLAGLER BEACH, FL 32136	
2. Principal Place of Business		3. Mailing Address 1201 N OCEANSHORE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FLAGLER BEACH, FL	
Zip	Country	Zip	Country
32136	U.S. of A.		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVID, THOMAS L. 1428 BRICKELL AVE. 8TH FLOOR MIAMI, FL 33131		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 _____ DATE _____ <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 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 OCEANSHORE BLVD	STREET ADDRESS	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, CLAUDIA J DR. (Duplicate)	NAME	DIRECTOR) RAYMOND A. PARKER
STREET ADDRESS	1201 OCEANSHORE BLVD	STREET ADDRESS	1201 N OCEANSHORE BLVD
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	CITY-ST-ZIP	FLAGLER BEACH, FL 32136-3102
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	
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 DIRECTOR	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 7 January 05 386-439-0664 Daytime Phone #	