


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000003826

1. Entity Name
 PHRST & COMPANY, INC.



Principal Place of Business
 1201 OCEANSHORE BLVD
 FLAGLER BEACH, FL 32136

Mailing Address
 1201 OCEANSHORE BLVD
 FLAGLER BEACH, FL 32136

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0387309

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAVID, THOMAS L
 1428 BRICKELL AVE.
 8TH FLOOR
 MIAMI, FL 33131

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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 _____
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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000379375
 01/10/06-80017-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKER, DR. CLAUDIA J
STREET ADDRESS	1201 OCEANSHORE BLVD
CITY - ST - ZIP	FLAGLER BEACH, FL 32136
TITLE	D
NAME	PARKER, RAYMOND A
STREET ADDRESS	1201 OCEANSHORE BLVD
CITY - ST - ZIP	FLAGLER BEACH, FL 32136
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Claudia J. Parker* **CLAUDIA J. PARKER, DIRECTOR** *7/2/06* **7/2/06** *386-439-0664* **386-439-0664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #