


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90002 003 ***150.00

DOCUMENT # P97000011507
 1. Entity Name
 PHILLIPS CHRYSLER-JEEP, INC.



Principal Place of Business Mailing Address
 3440 SO PINE AVE 3320 SOUTH U.S. HIGHWAY 27/441
 Ocala, FL 34471 US FRUITLAND PARK, FL 34731

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. PO Box 491907
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country
 Leesburg, FL 34749-1907 US



6. Name and Address of Current Registered Agent
 PHILLIPS, LARRY M
 3320 S US HWY 27/441
 FRUITLAND PARK, FL 34731

7. Name and Address of New Registered Agent
 Name: Larry M. Phillips
 Street Address (P.O. Box Number is Not Acceptable): 2160 US Hwy 27/441
 City: Fruitland Park FL Zip Code: 34731

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: *Larry M. Phillips* DATE: 3/14/07

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

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	PHILLIPS, LARRY M	
STREET ADDRESS	3320 SOUTH U.S. HIGHWAY 27/441	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	PHILLIPS, ROBERT W	
STREET ADDRESS	3320 S U.S. HWY 27/441	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry M. Phillips	
STREET ADDRESS	PO Box 491907	
CITY-ST-ZIP	Leesburg, FL 34749-1907	
TITLE	VDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert W. Phillips	
STREET ADDRESS	PO Box 491907	
CITY-ST-ZIP	Leesburg, FL 34749-1907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 employment.
 SIGNATURE: *Larry M. Phillips* DATE: 3/14/07