

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90030 027 ***150.00

DOCUMENT # P97000097395

1. Entity Name
PHILLIPS SALES, INC.



Principal Place of Business
**8629 US HWY 441
LEESBURG, FL 34788 US**

Mailing Address
**3320 SOUTH U.S. HIGHWAY 27/441
FRUITLAND PARK, FL 34731**

54013166



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3479428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, LARRY M
3320 S US HWY 27/441
FRUITLAND PARK, FL 34731**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **PHILLIPS, LARRY M**
STREET ADDRESS **3320 SOUTH U.S. HIGHWAY 27/441**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE **D**
NAME **OLLILA, RANDY C**
STREET ADDRESS **8629 US HWY 441**
CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/25/04** Daytime Phone # _____