

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90049 015 ***150.00

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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**



03092005 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 ☐ **\$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**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
PHILLIPS, ROBERT W
3320 SOUTH US HWY 27/441
FRUITLAND PARK, FL 34731**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

Daytime Phone #