

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90151 050 \*\*\*550.00

**DOCUMENT # 141098**

1. Entity Name  
FFP ENTERPRISES, INC.



Principal Place of Business  
865 LILA STREET  
PO BOX 781  
BARTOW, FL 33830

Mailing Address  
865 LILA STREET  
PO BOX 781  
BARTOW, FL 33830

**50020801**



2. Principal Place of Business

3. Mailing Address

05232006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-0513089

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS JR., FRANK F.  
865 LILA ST  
BARTOW, FL 33830

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PHILLIPS JR., FRANK F  
STREET ADDRESS 865 LILA ST.  
CITY - ST - ZIP BARTOW FL., ☐ Delete

TITLE ST  
NAME PHILLIPS, ADDIE J  
STREET ADDRESS 865 LILA ST.  
CITY - ST - ZIP BARTOW FL., ☐ Delete

TITLE D  
NAME PHILLIPS, ADDIE J.  
STREET ADDRESS 865 LILA STREET  
CITY - ST - ZIP BARTOW, FL ☐ Delete

TITLE VD  
NAME BOSWELL, SR., C.A.  
STREET ADDRESS 150 E. DAVIDSON  
CITY - ST - ZIP BARTOW, FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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:

*Charles J. Phillips Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/06

Date

863-533-2479

Daytime Phone #