2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 275861

1. Entity Name
JAMES E. PHILLIPS, INC.

Principal Place of Business	Mailing Address
10801 MARYFIELD LANE CHARLOTTE, NC 28277 US	10801 MARYFIELD LN CHARLOTTE, NC 28277-0129 US

01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1032099
Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

ARRINGTON, WILLIAM S MR
1001 SOUTH LAKE MARIAM DR
WINTER HAVEN, FL 33884

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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 required when changing registered agent. (NOTE: Registered agent signature not 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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SNELL, WILLIAM B
STREET ADDRESS	4519 KEENELAND LANE
CITY ST ZIP	CHARLOTTE, NC 28216
TITLE	VPD
NAME	BULTER, ANNE M
STREET ADDRESS	10801 MARYFIELD LN
CITY ST ZIP	CHARLOTTE, NC 28277
TITLE	PD
NAME	BUTLER, KEITH G
STREET ADDRESS	10801 MARYFIELD LN
CITY ST ZIP	CHARLOTTE, NC 28277
TITLE	VPSD
NAME	SNELL, LESLIE M
STREET ADDRESS	4519 KEENELAND LANE
CITY ST ZIP	CHARLOTTE, NC 28216
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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03/18/06 00059 007 150.00

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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: K. Butler KEITH G. BUTLER, PRESIDENT 3/04/2006 704-382-8681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #