


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 275861	
1. Entity Name JAMES E. PHILLIPS, INC.	

Principal Place of Business 10801 MARYFIELD LANE CHARLOTTE, NC 28277 US	Mailing Address 10801 MARYFIELD LN CHARLOTTE, NC 28277-0129 US
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01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1032099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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**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 registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	VP SNELL, WILLIAM B 4519 KEENELAND LANE CHARLOTTE, NC 28216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BULTER, ANNE M 10801 MARYFIELD LN CHARLOTTE, NC 28277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, KEITH G 10801 MARYFIELD LN CHARLOTTE, NC 28277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SNELL, LESLIE M 4519 KEENELAND LANE CHARLOTTE, NC 28216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/11/07-80013-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Keith G. Butler President/Director 1/07/2007 704-382-8681