


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 275861 1. Entity Name JAMES E. PHILLIPS, INC.	
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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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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1032099	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

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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01/07/08-80019-002 150.00

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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:  *President & Director* **1/5/2008** **704-392-8681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #