2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349599

Name:

Address:

City-St-Zip:

PHILLIPS, HAROLD T JR

1220 TRANSMITTER RD

PANAMA CITY, FL 32401

Entity Name: PHILLIPS MEATS AND SEAFOOD INC

FILED Apr 15, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	NSMITTER ROCITY, FL 3240				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	NSMITTER ROCITY, FL 3240				
FEI Number	: 59-1268991	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
1220 TRAI PANAMA	SHIRLEY, W NSMITTER RI CITY, FL 3240	01 US	nurness of changing its registeres	d office or registered agent, or both	
	e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STD (PHILLIPS,SHIF 1220 TRANSM PANAMA CITY	ITTER ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SVP (PHILLIPS, SAN 1220 TRANSM PANAMA CITY	ITTER RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SVPD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHIRLEY W. PHILLIPS STD 04/15/2009