


### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F01000000301**

1. Entity Name  
**PHILLARY MANAGEMENT, INC.**



**FILED**  
04 APR 30 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principle Place of Business      Mailing Address

415 MAIN STREET 191 MAIN STR.      P.O. BOX 828  
BEDMINSTER, NJ 07921      GLADSTONE      FAR HILLS, NJ 07931  
N.J. 07934



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
22-3316909      Not Applicable

6. Certificate of Status Desired       \$2.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS  
103 NORTH MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 31301

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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 (typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, PHILIP W III
STREET ADDRESS	415 MAIN STREET
CITY- ST- ZIP	BEDMINSTER, NJ 07921
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

900035551679  
05/06/04--01009--020 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 liquidator 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 an officer like empowered.

SIGNATURE: Philip W. Smith      President      4/20

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #