

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F63043</b> 1. Entity Name PHIL-CHRIS TERRACE, INC.
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Principal Place of Business % CHRISTINE PHILBRICK 600 BILTMORE WAY, #417 CORAL GABLES, FL 33134 US	Mailing Address C/O KENNETH LANCASTER CPA, PA 50 W MASHTA DR #6 KEY BISCAYNE, FL 33149 US
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01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2237819	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LANCASTER, KENNETH M CPA 50 W MASHTA DR #6 KEY BISCAYNE, FL 33149-9496
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS PHILBRICK, ROSEMARY 2567 CANTERBURY CIRCLE VIERA, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONROE, JILL 18 HIGDON CT FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PHILBRICK, JACKSON 2567 CANTERBURY CIRCLE VIERA, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILBRICK, CHRISTINE J 600 BILTMORE WAY APT. #407 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rosemary Philbrick 1/28/04 321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
638-3766