


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F92025</b>	
1. Entity Name <b>MAGIC MILE DAIRY QUEEN, INC.</b>	

Principal Place of Business <b>1212 SOUTH PARROTT OKEECHOBEE FL 34974</b>	Mailing Address <b>1212 SOUTH PARROTT OKEECHOBEE FL 34974</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-2202356</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PHILLIPS, HUBERT S. 1212 S PARROTT AVENUE OKEECHOBEE FL 34972</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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	Signature, typed or printed name of registered agent and title, if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, HUBERT S	NAME	
STREET ADDRESS	1212 SOUTH PARROTT	STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, RACHEL D	NAME	
STREET ADDRESS	1212 S PARROTT	STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, RACHEL D	NAME	
STREET ADDRESS	1212 S PARROTT	STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, HUGH E	NAME	
STREET ADDRESS	1212 S PARROTT	STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, KITCHNER	NAME	
STREET ADDRESS	1212 S. PARROT	STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN, KITCHNEN	NAME	
STREET ADDRESS	1212 S PARROTT	STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	CITY - ST - ZIP	

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:	<i>Hubert S Phillips</i>	<i>Hubert S Phillips</i>	<i>President</i>
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #