


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 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>	



07052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>PHILLIPS, HUBERT S. 1212 S PARROTT AVENUE OKEECHOBEE, FL 34972</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, HUBERT S 1212 SOUTH PARROTT OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PHILLIPS, RACHEL D 1212 S PARROTT OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RACHEL D 1212 S PARROTT OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, HUGH E 1212 S PARROTT OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000767380  
07/10/07-80003-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Hubert Phillips - President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-07-2007-863-763-6675  
Date Daytime Phone #

Hubert Phillips