


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G41415
 1. Entity Name
 PHILIPS INSURANCE AGENCY, INC.



Principal Place of Business 1303 REID ST PALATKA, FL 32177 US	Mailing Address PO BOX 1606 PALATKA, FL 32178 US
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DO NOT WRITE IN THIS SPACE



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2307630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PHILIPS, A G PRES
 1303 REID ST
 PALATKA, FL 32177

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS PHILIPS, A G PRES 1303 REID STREET PALATKA, FL 32177
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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: A. G. Philips 02/15/06 386-325-2081
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 A. G. PHILIPS