

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # G77952

1. Entity Name
PHOENIX ASSOCIATES, INC.



Principal Place of Business
**PO BOX 560267
ORLANDO, FL 32856-7267**

Mailing Address
**PO BOX 560267
ORLANDO, FL 32856-7267**



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2404721	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOBBY, WILLIAM M. III
1327 N. MILLS AVE.
ORLANDO, FL 32803-2555**

**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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	HAMPTON, CLARK B.
STREET ADDRESS	12165 PEPPERDINE PLACE
CITY-ST-ZIP	ORLANDO, FL

TITLE	P
NAME	HAMPTON, PATRICIA G.
STREET ADDRESS	12165 PEPPERDINE PLACE
CITY-ST-ZIP	ORLANDO, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/23/07-800006-011 150.00

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: **Patricia G. Hampton** **4/25/07 (321) 368-9520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #