

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90016 001 ***400.00
06-06-2006 90016 002 ***158.75

DOCUMENT # H01378

1. Entity Name
PHIL'S HOBBY SHOP, INC.



Principal Place of Business
6050 PARK BLVD.
PINELLAS PARK, FL 34665

Mailing Address
6050 PARK BLVD.
PINELLAS PARK, FL 34665



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2531809

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN HART, PHILIP
3919 V-53 AVENUE NORTH
SAINT PETERSBURG, FL 33714

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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, 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	DP
NAME	VAN HART, PHILIP
STREET ADDRESS	3919-53 AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	DST
NAME	VAN HART, CLARE
STREET ADDRESS	729 13TH ST. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-06

Date

Daytime Phone #

(727-545-1251)