

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90008 006 \*\*\*150.00

<b>DOCUMENT # H12665</b> 1. Entity Name <b>ATTWOOD-PHILLIPS, INC.</b>					
Principal Place of Business <b>1350 ORANGE AVE.</b> <b>SUITE 100</b> <b>WINTER PARK, FL 32790 US</b>			Mailing Address <b>1350 ORANGE AVE.</b> <del>SUITE 100</del> <b>WINTER PARK, FL 32790 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2950 N. 28th Terrace</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Hollywood, Fla</b>		4. FEI Number <b>59-2428329</b>	
Zip		Zip <b>33020</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>KALLICHE, ANTHONY A</b> <b>THE CONTINENTAL GROUP, INC.</b> <b>2950 NORTH 28TH TERRACE</b> <b>HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT PHILLIPS, ROGER V. 1801 SANTA MARIA PLACE ORLANDO, FL 328061447 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS PHILLIPS, ROSEMARY B. 1801 SANTA MARIA PL. ORLANDO, FL 328061447 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Richard Struanin 2950 N. 28th Terrace Hollywood, Fla 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Steven J. Christensen 2950 N. 28th Terrace Hollywood, Fla 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gene Gomborg 2950 N. 28th Terrace Hollywood, Fla 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Tomas Roses 2950 N. 28th Terrace Hollywood, Fla 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: center;"> <b>Steven J. Christensen</b> </div>					
<div style="text-align: right;">         Date <b>1/29/07</b>          Daytime Phone # _____       </div>					

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Applied For  
Not Applicable

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