

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # H49784	
1. Entity Name ALICE & PHYLLIS, INC.	

Principal Place of Business 1435 EAST LAFAYETTE STREET TALLAHASSEE, FL 32301	Mailing Address 1435 EAST LAFAYETTE STREET TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2578188	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**SHAW, ALICE T
1435 EAST LAFAYETTE STREET
TALLAHASSEE, FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent statement is required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**000000125471
04/22/04-80085-010 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHAW, ALICE T 1435 EAST LAFAYETTE STREET TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SHAW, ALLEN M 1435 EAST LAFAYETTE STREET TALLAHASSEE, FL 32301
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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 exemption stated in Section 119.07(3)(f) 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: *ALICE SHAW*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04 (ESD) 878-1779