

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90018 026 ***558.75

DOCUMENT # H63577

1. Entity Name
PHASE TECHNOLOGY CORPORATION



Principal Place of Business
**% WILLIAM HECHT
6400 YOUNGERMAN CIR.
JACKSONVILLE, FL 32244**

Mailing Address
**% WILLIAM HECHT
6400 YOUNGERMAN CIR.
JACKSONVILLE, FL 32244**

60043375



05152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2745422

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HECHT, WILLIAM
6400 YOUNGERMAN CIR.
JACKSONVILLE, FL 32244**

**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 \$550.00
Due by September 12, 2008**

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
**CD
HECHT, WILLIAM
6400 YOUNGERMAN CIR.
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TSD
COMBEST, CHRIS
6400 YOUNGERMAN CIRCLE
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HECHT, KENNETH
6400 YOUNGERMAN CIR.
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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

5/15/08
Date Daytime Phone #