

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90314 005 \*\*\*150.00

**DOCUMENT # J11539**

1. Entity Name

GARY PHILLIPS INC.



Principal Place of Business

4062 NE 7TH AVENUE  
OAKLAND PARK FL 33334  
US

Mailing Address

11151 83RD LANE N  
WEST PALM BEACH FL 33412  
US

2. Principal Place of Business

1532 S. DIXIE HWY

3. Mailing Address

1532 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BCH FLORIDA

City & State

POMPANO BCH FLORIDA

Zip

33060

Country

U.S. BROWARD

Zip

33060

Country

U.S.

4. FEI Number

59-2675863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, GARY  
4062 NE 7TH AVENUE  
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name **GARY PHILLIPS**  
Street Address (P.O. Box Number is Not Acceptable)  
**1532 S. DIXIE HWY**

City **POMPANO BCH, FL** Zip Code **33060**

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **PHILLIPS, GARY**  
STREET ADDRESS **4062 NE 7TH AVENUE**  
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*GARY PHILLIPS*  
**GARY PHILLIPS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/18/05** **954-786-1800**

Daytime Phone #