

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-01-2008 90011 009 ***150.00

DOCUMENT # J87911

1. Entity Name
PHONE-FOUR ENTERPRISES, INC.



Principal Place of Business
**6634 DOLPHIN COVE DRIVE
696-1ST AVE N., STE 408
APOLLO BCH, FL 33572 US**

Mailing Address
**6634 DOLPHIN COVE DRIVE
696-1ST AVE N., STE 408
APOLLO BCH, FL 33572 US**

66007344



02172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BECK, CHARLES E. H.
696-1ST AVE
SUITE 408
ST PETERSBURG, FL 33701**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	PO LIEBERMAN, JAMES F. 6634 DOLPHIN COVE DR. APOLLO BEACH, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD LIEBERMAN, DENISE H. 6634 DOLPHIN COVE DR. APOLLO BEACH, FL
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**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: *Denise H. Lieberman*
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

4/18/08 *813-645-1268*
Date Daytime Phone #