## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K51334

Entity Name: PHOENIX ENTERPRISES, INC.

FILED Jan 30, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business
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7367 QUARTER HORSE RD. 97 TWIN SHORES BLVD.

SUITE A LONGBOAT KEY, FL 34228 US

SARASOTA, FL 34241

**New Mailing Address: Current Mailing Address:** 

P. O. BOX 8790 7367 QUARTER HORSE RD.

SUITE A LONGBOAT KEY, FL 34228 US SARASOTA, FL 34241

FEI Number: 65-0087693 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COX, BIRGIT P COX, BIRGIT P 7367 QUARTER HORSE RD P. O. BOX 8790

LONGBOAT KEY, FL 34228 US SUITE 870 SARASOTA, FL 34241 US

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.

SIGNATURE: 01/30/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition () Delete Title:

Title: COX, BIRGIT P COX, BIRGIT P Name: Name:

7365 QUARTER HORSE ROAD Address: 97 TWIN SHORES BLVD Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: LONGBOAT KEY, FL 34228 US

Title: Title: (X) Change ( ) Addition () Delete

Name: GUYNN, STACY Name: **GUYNN, STACY** 7367 QUARTER HORSE ROAD Address: 97 TWIN SHORES BLVD. Address: SARASOTA, FL 34241 LONGBOAT KEY, FL 34228 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BIRGIT P. COX 01/30/2005 D