


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K56638</b>	
1. Entity Name J. PHILLIPS PRINTING, INC.	

Principal Place of Business 1711 S.W. 17TH ST. OCALA, FL 34474 US	Mailing Address 1711 S.W. 17TH ST. OCALA, FL 34474 US
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03022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2924602	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  PHILLIPS, JOSEPH G. JR 1711 SW 17TH ST 1711 S.W. 17TH ST. OCALA, FL 34474
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**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, 2006 Fee will be \$550.00**

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

U00000521930  
05/03/06-80009-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PHILLIPS, JOSEPH G JR 1711 SW 17TH ST. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, KAY H 1711 S.W. 17TH ST. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOMBLE, JOLEA P 1711 S.W. 17 ST OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILLIPS, SUSAN D 1711 SW 17TH STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PHILLIPS, JOSEPH G 1711 SW 17TH STREET OCALA, FL 34474
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: Jolea P. Womble **JOLEA P. WOMBLE** 4-18-06 552-622-1776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #