

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90357 020 ***150.00

DOCUMENT # K89545

1. Entity Name

PHILLIPS HARDWARE COMPANY



Principal Place of Business

490 NW SOUTH RIVER DRIVE
MIAMI FL 33128

Mailing Address

490 NW SOUTH RIVER DRIVE
MIAMI FL 33128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0401860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLONNA, DAVID
9700 S DIXIE HWY
SUITE 570
MIAMI FL 33156

Name Coffey, Susan

Street Address (P.O. Box Number is Not Acceptable)

490 NW South River Dr

City

MIAMI

FL

Zip Code

33128

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Delete
NAME COLONNA, DAVID W
STREET ADDRESS 490 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33128

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

TITLE SD ☐ Delete
NAME MACY, PATRICIA
STREET ADDRESS 490 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33128

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

TITLE AS ☐ Delete
NAME OBREGON, GERALD ODAHS
STREET ADDRESS 490 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33128

TITLE ☒ Change ☐ Addition
NAME AS OBREGON, ODAHS
STREET ADDRESS 490 NW SOUTH RIVER DR
CITY-ST-ZIP MIAMI, FL. 33128

TITLE CD ☐ Delete
NAME COFFEY, SUSAN
STREET ADDRESS 490 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33128

TITLE ☒ Change ☐ Addition
NAME PT DE COFFEY, SUSAN
STREET ADDRESS 490 NW SOUTH RIVER DR.
CITY-ST-ZIP MIAMI, FL. 33128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Susan B. Coffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04