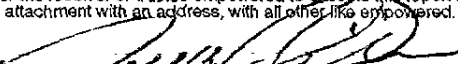


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L30631		
1. Entity Name PHILIPS GARDEN STORE, INC.		
Principal Place of Business 4234 HERSCHEL STREET JACKSONVILLE, FL 32210		Mailing Address 4234 HERSCHEL STREET JACKSONVILLE, FL 32210
DO NOT WRITE IN THIS SPACE		
4. FEI Number 59-2992253		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GRISSETT, W.E. JR. 1001 BLACKSTONE BUILDING 233 EAST BAY STREET JACKSONVILLE, FL 32202		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILIPS, J. KELLY 4234 HERSCHEL ST JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILIPS, JOEL KEVIN 4234 HERSCHEL ST JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PHILIPS, JO CARLTON 4234 HERSCHEL ST JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  JOEL K. PHILIPS		Date 3-16-06 Daytime Phone # 904-389-0933