## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 19, 2007 08:00 AM Secretary of State **DOCUMENT # L30631** 1. Entity Name PHILIPS GARDEN STORE, INC. Principal Place of Business Mailing Address **4234 HERSCHEL STREET 4234 HERSCHEL STREET** JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2992253 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRISSETT, W.E. JR. DO NOT WRITE 1001 BLACKSTONE BUILDING 233 EAST BAY STREET IN THIS SPACE JACKSONVILLE, FL 32202 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) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE PHILIPS, J. KELLY NAME STREET ADDRESS 4234 HERSCHEL ST CITY-ST-7IP JACKSONVILLE, FL <u> U000000671145</u> VD TITLE 03/28/07-80017-002 150.00 PHILIPS, JOEL KEVIN NAME STREET ADDRESS 4234 HERSCHEL ST CITY-ST-ZIP JACKSONVILLE, FL TITLE NAME PHILIPS, JO CARLTON STREET ADDRESS 4234 HERSCHEL ST DO NOT WRITE JACKSONVILLE, FL CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby cortify 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 ambowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2007

(904) 389-0933

Daytime Phone ≢

FILED