

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90201 010 \*\*\*150.00

<b>DOCUMENT # P00000008168</b> 1. Entity Name <b>PHOENIX EQUITIES, INC.</b>					
Principal Place of Business <b>15051 SOUTH TAMiami TRAIL SUITE 203 FORT MYERS, FL 33908</b>			Mailing Address <b>15051 SOUTH TAMiami TRAIL SUITE 203 FORT MYERS, FL 33908</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>65-1012181</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name <b>Theodore L. Tripp</b> Street Address (P.O. Box Number is Not Acceptable) <b>GARVIN &amp; TRIPP PA.</b> <b>2532 East First Street</b> City <b>Fort Myers</b> FL Zip Code <b>33901</b>		
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 <i>See attached signature page</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>4-14-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ADKINS, EDWARD D 15051 SOUTH TAMiami TRAIL SUITE 203 FORT MYERS, FL 33908		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Edward D. Adkins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>5/10/04</b> Daytime Phone # <b>239-466-7737</b>		

Attachment  
[REDACTED]  
66425999  
Division of Corporations

## Annual Report

Page 1

Document Number

P00000008168

Business Entry Name

PHOENIX EQUITIES, INC.

FEI Number

651012181

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

15051 SOUTH TAMiami TRAIL

Suite, Apt. #, etc.

SUITE 203

City, State

FORT MYERS

FL

Zip Code &amp; Country

33908

## Mailing Address

Address

15051 SOUTH TAMiami TRAIL

Suite, Apt. #, etc.

SUITE 203

City, State

FORT MYERS

FL

Zip Code &amp; Country

33908

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

or- RA Business Name

Garvin &amp; Tripp PA

Address

2532 EAST FIRST STREET

Suite, Apt. #, etc.

City, State

FORT MYERS

FL

Zip Code &amp; Country

33901

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Theodore L Tripp JR

Attachment 10425999



Division of Corporations

Annual Report

Page 2

Document Number

P00000008168

Business Entity Name

PHOENIX EQUITIES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

*Attachment*  
[Redacted]

*66425999*

City, State [Redacted]

Zip Code & Country [Redacted]

*#XXXXXXXXXX 68*  
*8*

Title [Redacted]

Name (Last, First, Middle, Title) [Redacted]

-or- Entity Name [Redacted]

Street Address [Redacted]

City, State [Redacted]

Zip Code & Country [Redacted]

Title [Redacted]

Name (Last, First, Middle, Title) [Redacted]

-or- Entity Name [Redacted]

Street Address [Redacted]

City, State [Redacted]

Zip Code & Country [Redacted]

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title [Redacted]

Officer/Director Signature **Edward D. Adkins**

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