


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90031 006 ***150.00

DOCUMENT # P00000057445 1. Entity Name PHIPARD, INC.					
Principal Place of Business 1630 LANDS END, RD. MANALAPAN, FL 33462			Mailing Address 1630 LANDS END, RD. MANALAPAN, FL 33462		
2. Principal Place of Business - No P.O. Box # 550 So. Ocean Blvd Suite, Apt. #, etc. 305 E City & State Point Manalapan, FL		3. Mailing Address 550 So. Ocean Blvd Suite, Apt. #, etc. 305 E City & State Point Manalapan, FL		4. FEI Number 65-1026956	
Zip 33462		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHIPARD, NANCY M 1630 LANDS END, RD. MANALAPAN, FL 33462				7. Name and Address of New Registered Agent Name Nancy M. Phipard Street Address (P.O. Box Number is Not Acceptable) 550 So Ocean Blvd 305 E City Point Manalapan, FL Zip Code 33462	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIPARD, NANCY M 1630 LANDS END, RD. MANALAPAN, FL 33462 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Phipard 550 So. Ocean Blvd 305 E Point Manalapan, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <u>Nancy M. Phipard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/16/07</u> Daytime Phone #: <u>5615821536</u>		