

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000027808

1. Entity Name
PHIL HOUSTON APPRAISAL SERVICE, INC.



FILED
Apr 28, 2008 08:00 AM
Secretary of State

Principal Place of Business
114 PALMETTO PLACE STE 10
DESTIN, FL 32541

Mailing Address
831 TARPON DR.
FT. WALTON BEACH, FL 32548



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1179034

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUSTON, SAMUEL P JR.
831 TARPON DR.
FT. WALTON BEACH, FL 32548

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOUSTON, SAMUEL P JR.
STREET ADDRESS	831 TARPON DR.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	VS
NAME	HOUSTON, JANICE
STREET ADDRESS	831 TARPON DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/20/08-80008-004-150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel P. Houston Jr
Samuel P Houston Jr

4/24/08

850 598-4571

Daytime Phone #