2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2007 8:00 am
Secretary of State

08-31-2007 90005 001 ****61.25
08-31-2007 90005 002 *****8.75
09-14-2007 90001 026 ****80.00

40132220

DOCUMENT # P03000066369

1. Entity Name
TOM PHILLIPS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
994 N. BARFIELD DR. SUITE 10 MARCO ISLAND FL 34145 US	994 N. BARFIELD DR. SUITE 10 MARCO ISLAND FL 34145 US
2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

2nd MOORE CR2E034 (4/07)

4. FEI Number 06-1707979 — Applied For / Not Applicable

5. Certificate of Status Desired X — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, JANET M
596 N. BARFIELD DRIVE
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name: CARL E. CULLEY
Street Address (P O Box Number is Not Acceptable): 781 ELKCAM CIRCLE A-6
City: MARCO ISLAND, FL Zip Code: 34145

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] 6/26/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

§ 607 193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PRES PHILLIPS, THOMAS H 240 SEAVIEW COURT, #109 MARCO ISLAND FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 X [signature] X 6/19/07 239 642 1837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #