

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90179 038 \*\*\*158.75

**DOCUMENT # P03000095970**

1. Entity Name  
**PHI TECHNOLOGY, INC**



Principal Place of Business  
**2400 FIRST STREET  
106  
FORT MYERS, FL 33901**

Mailing Address  
**2400 FIRST STREET  
106  
FORT MYERS, FL 33901**

2. Principal Place of Business  
**6074 TIMBERWOOD CIR**

3. Mailing Address  
**6074 TIMBERWOOD CIR**

Suite, Apt. #, etc.  
**319**

Suite, Apt. #, etc.  
**319**

04282004 Chg-P CR2E034 (10/03)

City & State  
**FORT MYERS FL**

City & State  
**FORT MYERS, FL**

4. FEI Number  
**20-0093090**

Applied For  
Not Applicable

Zip  
**33908**

Country

Zip  
**33908**

Country

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

## 6. Name and Address of Current Registered Agent

**SMITH, CLIFFORD  
6074 TIMBERWOOD CIRCLE  
319  
FORT MYERS, FL 33908**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

## 9. Election Campaign Financing

Trust Fund Contribution: ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete  
NAME **DOWNING, WILLIAM B**  
STREET ADDRESS **2310 FIRST STREET, #404**  
CITY - ST - ZIP **FORT MYERS, FL 33901**

TITLE **P** ☐ Delete  
NAME **SMITH, CLIFFORD**  
STREET ADDRESS **6074 TIMBERWOOD CIRCLE, #319**  
CITY - ST - ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CLIFFORD SMITH** **4/27/04** **334-6055**