2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000097952

1. Entity Name
E.M. PHILLIPS ARCHITECTURE AND DESIGN, P.A.

Principal Place of Business	Mailing Address
8950 DR. ML KING ST N STE 110 SAINT PETERSBURG, FL 33702	8950 DR. ML KING ST N STE 110 SAINT PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
76-0740546
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELMEER, PHILLIP
8950 DR. M.L.KING JR, ST N
STE 110
SAINT PETERSBURG, FL 33702

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	ELMEER, PHILLIP
STREET ADDRESS	8950 DR. M.L. KING JR ST N, STE 110
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	O
NAME	CULBERTSON, CHRIS
STREET ADDRESS	8950 DR. M.L. KING JR ST N, STE 110
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	O
NAME	ELMEER, ELIZABETH M
STREET ADDRESS	8950 DR. ML KING JR. ST. NORTH SUITE #110
CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80030-024 150.00

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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: _____ Chris Culbertson 1/11/06 727-570-9506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #