2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P03000117584 1. Entity Name PHILLIPS TRANSPORT, INC.						05-03-2004 91241 048 ***150.00				
Principal Place of Business M			Mailing Address			1				
5608 DELOAN AVE Ft Pierce, Fl 34951			5608 DELOAN AVE FT PIERCE, FL 34951			1 12811FE1 /11	86173 WHI SPAY WOLL SP	10.1 (10.0) (10.0)	Dr artat thur dir	18 3 1 (1 18 3 1
Principal Place of Business 3.			Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_		=: #=0: #=1: **		1881 11 1884
						04142004	Chg-P	CR2E03	14 (10/03)	
City & State			City & State			4. FEI Numb	D-075	701	∠ ⊢ ⊢ − −	plied For t Applicable
Zip	Zip Country		Zip Count		itry	5. Certificate of Status Desired S8.75 Additional Fee Required			litional	
	6. Name and Addre	ess of Current Regis			7. Name and	Address of New F				
" DRIII 14106		<u>.</u> .	Name		-		•			
PHILLIPS, RALPH D JR 5608 DELOAN AVE				Street Address	Street Address (P.O. Box Number is Not Acceptable)					
FT PIERCE, FL 34951										
				City			FL	Zip Code	e -	
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										and accept
the obligations of registered agent.										
SIGNATURE Signature. Signature bypect or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
After May 1, 2004 Fee will be \$550.00			Trust Fund Conf		☐ Ad	5.00 May Be ded to Fees				
10.	С	FFICERS AND DIREC	CTORS	11.		ADDITIONS	L /CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11 1.44
NAME 1 OF 12.1	DP PHILLIPS, RALPH I	D IB	☐ Delete	TITL NAM	ų.	,			☐ Change	☐ Addition
STREET ADDRESS	5608 DELOAN AVE		N . (EET ADDRESS					ļ
CITY-ST-ZIP	FT PIERCE, FL 34	951		ÇIT	/-ST-ZiP					
TITLE NAME	DV		☐ Delete TiTL		ì				Change	Addition
STREET ADDRESS	PHILLIPS, MICHELLE L JR 5 5608 DELOAN AVE		· · ·		EET ADDRESS					
CITY-ST-ZIP	FT PIERCE, FL 34	951	<u> </u>	cm	r-st-zip				···	
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STREET ADDRESS					EET ADDRESS	.				.
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NAME STREET ADDRESS				4	EET ADDRESS					[
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NAME	terribati			1	IEET ADDRESS					. \
CITY-ST-ZIP] h		7	CIT	Y-ST-ZIP			·····		, 21.1
TITLE		. — .	☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS	0 4 7579.			NA! STR	ME NEET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					, <u> </u>
12. I hereby	certify that the information	on supplied with this temental report is true	iling does not qualify fo	r the ext	emption stated in S ature shall have the	Section 119.07(3 e same legal effe	(i), Florida Statutes ct as if made under	. I further cert oath; that I a	tify that the in um an officer	nformation or director
12. I hereby certify that the information supplied with this filling 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.										