


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000117584
 1. Entity Name
 PHILLIPS TRANSPORT, INC.



Principal Place of Business 5608 DELOAN AVE FT PIERCE, FL 34951	Mailing Address 5608 DELOAN AVE FT PIERCE, FL 34951
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0757015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PHILLIPS, RALPH D JR
 5608 DELOAN AVE
 FT PIERCE, FL 34951

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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: *Michelle Phillips* DATE: *4/30/05*
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PHILLIPS, RALPH D JR 5608 DELOAN AVE FT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PHILLIPS, MICHELLE L JR 5608 DELOAN AVE FT PIERCE, FL 34951
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/05/05-80050-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Michelle Phillips* DATE: *4/30/05* 772 519-0732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR