

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90040 006 ***150.00

DOCUMENT # P030Q0124483

1. Entity Name

THE LAW OFFICE OF TRACIE PHILLIPS, P.A.



Principal Place of Business
681 SE BAYA DR
LAKE CITY FL 32025

Mailing Address
681 SE BAYA DR
LAKE CITY FL 32025



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/06)

4. FEI Number 57-1192849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, TRACIE
~~334 EAST DUVAL STREET~~
LAKE CITY FL 32055

Name

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

681 SE Baya Drive

City

Lake City

FL

Zip Code

32025

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 \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.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 P
NAME PHILLIPS, TRACIE ☐ Delete
STREET ADDRESS ~~334 EAST DUVAL STREET~~
CITY - ST - ZIP LAKE CITY FL 32055

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 681 SE Baya Drive
CITY - ST - ZIP Lake City, Florida 32025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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NAME
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CITY - ST - ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 06 (386) 758-9474
Date Daytime Phone #