

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90107 020 ***150.00

DOCUMENT # P03000133197

1. Entity Name
PHILLIPS & SON LANDCLEARING INC.



Principal Place of Business
**128 LATS DRIVE
GEORGETOWN, FL 32139**

Mailing Address
**128 LATS DRIVE
GEORGETOWN, FL 32139**

50003321



2. Principal Place of Business

128 LAISY DRIVE
Suite, Apt. #, etc.

3. Mailing Address

128 LAISY DRIVE
Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
41-2116240

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**HAENFLER, JAMES
20 N SUMMIT ST
CRESCENT CITY, FL 32112**

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 reappointing)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PHILLIPS, WILLE D**
STREET ADDRESS **128 LATS DRIVE**
CITY- ST- ZIP **GEORGETOWN, FL 32139**

TITLE **V** ☐ Delete
NAME **PHILLIPS, MICHAEL S**
STREET ADDRESS **128 LATS DRIVE**
CITY- ST- ZIP **GEORGETOWN, FL 32139**

TITLE **ST** ☐ Delete
NAME **PHILLIPS, PATSY S**
STREET ADDRESS **128 LATS DRIVE**
CITY- ST- ZIP **GEORGETOWN, FL 32139**

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 **128 LAISY DRIVE**
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS **128 LAISY DRIVE**
CITY- ST- ZIP

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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)(c), 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:

Patsy Phillips

386-698-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #