

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90439 022 ***150.00

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1. Entity Name
PHILLIPS & SON LANDCLEARING INC.



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

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

DO NOT WRITE IN THIS SPACE

40061000



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number
41-2116240

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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	P
NAME	PHILLIPS, WILLE D
STREET ADDRESS	128 LAISY DRIVE
CITY-ST-ZIP	GEORGETOWN, FL 32139
TITLE	V
NAME	PHILLIPS, MICHAEL S
STREET ADDRESS	128 LAISY DRIVE
CITY-ST-ZIP	GEORGETOWN, FL 32139
TITLE	ST
NAME	PHILLIPS, PATSY S
STREET ADDRESS	128 LAISY DRIVE
CITY-ST-ZIP	GEORGETOWN, FL 32139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Gate Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06
Date

386-698-1083
Daytime Phone