

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00
Secretary of State

DOCUMENT # P03000133652

1. Entity Name
PHI INVESTMENTS, INC.



Principal Place of Business
4400 44TH STREET SOUTH
ST. PETERSBURG, FL 33711

Mailing Address
4400 44TH STREET SOUTH
ST. PETERSBURG, FL 33711



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1193345

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, JR., CHARLES M
101 E. KENNEDY BOULEVARD, SUITE 2700
TAMPA, FL 33602

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PROTZ, WILLIAM D
STREET ADDRESS	4400 44TH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	D
NAME	KAPPEL, RICHARD N
STREET ADDRESS	4400 44TH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80083-021 150.00

**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

William D Protz William D Protz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

DATE

727-643-7875

DAYTIME PHONE #