2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State
01-23-2007 90019 026 ***150.00

DOCUMENT # P03000153329

1. Entity Name
PHEENIX FARMS, INC.

Principal Place of Business	Mailing Address
821 VIRGINIA ST JACKSONVILLE, FL 32208	821 VIRGINIA ST JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0561238
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~KEEL, DANIEL D~~
~~ONE INDEPENDENT DR STE 2301~~
~~JACKSONVILLE, FL 32202~~

JOHN R SHAW
PO BOX 28620 821 VIRGINIA ST
JACKSONVILLE FL 32226 32208

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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 _____ 1/19/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHAW, JOHN R JR
STREET ADDRESS	PO BOX 28620
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	D
NAME	SHAW, HOWARD J
STREET ADDRESS	PO BOX 28620
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	D
NAME	PITMAN, SYLVIA
STREET ADDRESS	PO BOX 28620
CITY-ST-ZIP	JACKSONVILLE, FL 32226
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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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: _____ 1/20/07 904-768-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #