

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000003870

1. Entity Name

G.S. PHILLIPS, INC.



Principal Place of Business
2825 PARKWAY STREET
SUITE 3
LAKELAND FL 33811

Mailing Address

2825 PARKWAY STREET
SUITE 3
LAKELAND FL 33811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0543025

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

PHILLIPS, GARY S
2825 PARKWAY STREET
SUITE 3
LAKELAND FL 33811

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 inc if applicable

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME PHILLIPS, GARY S
STREET ADDRESS 2825 PARKWAY STREET SUITE 3
CITY-ST-ZIP LAKELAND FL 33811

TITLE
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STREET ADDRESS
CITY-ST-ZIP

U000000467309
03/23/06-80046-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/24/06 (863)644-2807
Daytime Phone #