

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000005324

1. Entity Name  
PHILIP TIPTON INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 14 AM 8:00

Principal Place of Business  
5274 N. FLORIDA HWY  
HERNANDO, FL 34442

Mailing Address  
5274 N. FLORIDA HWY  
HERNANDO, FL 34442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09152004

Chg-P

CR2E034 (10/03)

*MRS*

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRICK, KAREN A  
3756 S. SPRINGBREEZE WAY  
HOMOSASSA, FL 34448

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME D  
STREET ADDRESS TIPTON, PHILIP  
CITY-ST-ZIP 5274 N. FLORIDA HWY  
HERNANDO, FL 34442

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS TURNER, JOHN L  
CITY-ST-ZIP 5544 BLUEGILL WAY  
FLORAL CITY, FL 34436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Philip Tipton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16-12-04

Date

352-302-1090

Daytime Phone #