

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90033 041 ***150.00

DOCUMENT # P04000074379 1. Entity Name PHILLIPS & ASSOCIATES REAL ESTATE, INC.					
Principal Place of Business 735 ALMOND STREET SUITE B CLERMONT, FL 34711			Mailing Address 735 ALMOND STREET SUITE B CLERMONT, FL 34711		
2. Principal Place of Business 4279 S. US Hwy. 27		3. Mailing Address 4279 S. US Hwy. 27			
Suite, Apt. #, etc. Suite 3		Suite, Apt. #, etc. Suite 3			
City & State Clermont, FL		City & State Clermont, FL		4. FEI Number 56-2465385	
Zip 34711		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, RONALD L 735 ALMOND STREET SUITE B CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name Phillips, Ronald L Street Address (P.O. Box Number is Not Acceptable) 4279 S. US Hwy. 27 Suite 3 City Clermont FL Zip Code 34711		
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 <u><i>Ronald L. Phillips</i></u> 3/10/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete PHILLIPS, RONALD L 2255 FENTON AVENUE CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Ronald Phillips</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/10/2006 352 394-6800 <small>Date Daytime Phone #</small>		