


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000086281	
1. Entity Name PHILLIPS VIOLINS AND BOWS, INC.	

FILED
06 SEP 22 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 830 RUDOLPH RD. LAKE WORTH, FL 33460	Mailing Address P. O. BOX 1318 LAKE WORTH, FL 33460
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2. Principal Place of Business 830 RUDOLPH RD Suite, Apt. #, etc.	3. Mailing Address 830 RUDOLPH RD Suite, Apt. #, etc. P. O. BOX 1318
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City & State LAKE WORTH FL	City & State LAKE WORTH FL
Zip 33460	Country U.S.A.



09062006 Chg-P CR2E034 (11/05)

4. FEI Number 54-2156104	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PHILLIPS, MARIA 211 N. FEDERAL HWY. LAKE WORTH, FL 33460	7. Name and Address of New Registered Agent Name PHILLIPS MARIA Street Address (P.O. Box Number is Not Acceptable) 830 RUDOLPH RD - P.O. BOX 1318 City LAKE WORTH FL Zip 33460
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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: <u>Maria Phillips</u>	PHILLIPS MARIA	9/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD PHILLIPS, MARIA 211 N. FEDERAL HWY. LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PHILLIPS MARIA 830 RUDOLPH RD LAKE WORTH FL 33460 <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	400080312764 09/29/06--01067--010 **558.75 <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
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
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
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

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>Maria Phillips</u>	9/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

K. Eckel SEP 25 2006