


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90037 048 \*\*\*158.75

DOCUMENT # P04000138070

1. Entity Name  
 PHYBES, INC.



Principal Place of Business  
 6900 PHILLIPS HIGHWAY  
 SUITE 22  
 JACKSONVILLE, FL 32216

Mailing Address  
 6900 PHILLIPS HIGHWAY  
 SUITE 22  
 JACKSONVILLE, FL 32216

2. Principal Place of Business - No P.O. Box #  
 108 Kingfisher Drive  
 Suite, Apt. #, etc.)

3. Mailing Address  
 108 Kingfisher Drive  
 Suite, Apt. #, etc.)

City & State  
 Ponte Verda, FL

City & State  
 Ponte Verda, FL

Zip  
 32082

Country  
 Duval

Zip  
 32082

Country  
 Duval

40045677



03012008 Chg-P CR2E034 (12/06)

4. FEI Number  
 20-1703690

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALLON, JAMES W  
 6900 PHILLIPS HIGHWAY  
 SUITE 22  
 JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 108 Kingfisher Drive  
 City Ponte Verda FL Zip Code 32082

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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 STREET ADDRESS CITY-ST-ZIP	P FALLON, JAMES W 108 KING FISHER DR PONTE VEDRA BEACH, FL 32082 <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: James W Fallon 3/12/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #