


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90043 037 \*\*\*150.00

<b>DOCUMENT # P04000154583</b> 1. Entity Name <b>PHILLIPS LAND COMPANY OF LAKE LAND, INC.</b>					
Principal Place of Business <b>8220 TOM GILBERT RD LAKE LAND FL 33810</b>				Mailing Address <b>8220 TOM GILBERT RD LAKE LAND FL 33810</b>	
2. Principal Place of Business - No P.O. Box # <b>5810 Manchester Dr. E.</b> Suite, Apt. #, etc.		3. Mailing Address <b>5810 Manchester Dr. E.</b> Suite, Apt. #, etc.			
City & State <b>LAKE LAND, FL</b>		City & State <b>LAKE LAND, FL</b>		4. FEI Number <b>20-1957321</b>	
Zip <b>33810</b> Country <b>USA</b>		Zip <b>33810</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PHILLIPS, CARLYLE D 8220 TOM GILBERT RD LAKE LAND FL 33810</b>				7. Name and Address of New Registered Agent Name <b>PHILLIPS, CARLYLE D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5810 Manchester Dr. E.</b> City <b>LAKE LAND</b> FL <b>33810</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PHILLIPS, CARLYLE D 8220 TOM GILBERT RD LAKE LAND FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PHILLIPS, CARLYLE D 5810 MANCHESTER DR. E. LAKE LAND, FL. 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PHILLIPS, TERESA A 8220 TOM GILBERT RD LAKE LAND FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PHILLIPS, TERESA A. 5810 MANCHESTER DR. E. LAKE LAND, FL. 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 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.					
<b>SIGNATURE:</b> <u>Carlyle D. Phillips / Carlyle D. PHILLIPS</u> <b>3/27/07</b> <b>863-816-1757</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					