

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 10, 2006 8:00 am**  
**Secretary of State**

08-10-2006 90001 046 \*\*\*150.00

**DOCUMENT # P04000167379**

1. Entity Name  
**PHYL-TAM-LIS, INC.**



Principal Place of Business  
**16 HICKORY LOOP TR  
OCALA FL 34472**

Mailing Address  
**16 HICKORY LOOP TR  
OCALA FL 34472**



2. Principal Place of Business  
**15600 SE 47th Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**15600 SE 47th Ave**  
Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/06)

City & State  
**Summerfield FL**

City & State  
**Summerfield FL**

4. FEI Number **59-3791998**

Applied For  
Not Applicable

Zip  
**34491**

Country  
**Marion**

Zip  
**34491**

Country  
**Marion**

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

**NASH, WILLIAM  
16 HICKORY LOOP TR  
OCALA FL 34472**

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 6, 2006  
Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **NASH, PHYLLIS M**  
STREET ADDRESS **16 HICKORY LOOP TR**  
CITY- ST- ZIP **OCALA FL 34472**

TITLE **D** ☐ Delete  
NAME **NASH, WILLIAM F**  
STREET ADDRESS **16 HICKORY LOOP TR**  
CITY- ST- ZIP **OCALA FL 34472**

TITLE **D** ☐ Delete  
NAME **VALDES, TAMMY**  
STREET ADDRESS **7508 LAKE MARSHA DR**  
CITY- ST- ZIP **ORLANDO FL 32819**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition  
NAME **Nash, Phyllis M**  
STREET ADDRESS **15600 SE 47th Ave**  
CITY- ST- ZIP **Summerfield FL 34491**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Nash, William F**  
STREET ADDRESS **15600 SE 47th Ave**  
CITY- ST- ZIP **Summerfield FL 34491**

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

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

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

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

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: William F. Nash** Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/07/06 352-307-2191**

Date Daytime Phone #