

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90385 001 \*\*\*150.00

<b>DOCUMENT # P04000169793</b> 1. Entry Name <b>PHYL'S ENTERPRISES, INC.</b>			
Principal Place of Business <b>11063 MODEL CIRCLE E BOCA RATON, FL 33428</b>		Mailing Address <b>11063 MODEL CIRCLE E BOCA RATON, FL 33428</b>	
2. Principal Place of Business <i>same</i>		3. Mailing Address <b>PO BOX 970754</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BOCA RATON FL</b>		4. FEI Number <b>202073381</b>	
Zip <b>33497</b>		Country <b>Palu Bch</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BONSPILLE, PHYLLIS 11063 MODEL CIRCLE E BOCA RATON, FL 33428</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Phyllis Bonspille</i> DATE: <b>4/25/05</b> <small>(NOTE: Registered Agent signature required when releasing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</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	DPV BONSPILLE, PHYLLIS PO BOX 970754 BOCA RATON, FL 33497	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BONSPILLE, PHYLLIS PO BOX 970754 BOCA RATON, FL 33497	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BONSPILLE, PHYLLIS PO BOX 970754 BOCA RATON, FL 33497	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BONSPILLE, PHYLLIS PO BOX 970754 BOCA RATON, FL 33497	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BONSPILLE, PHYLLIS PO BOX 970754 BOCA RATON, FL 33497	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BONSPILLE, PHYLLIS PO BOX 970754 BOCA RATON, FL 33497	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Phyllis Bonspille</i>		Date: <b>4/25/05</b> Daytime Phone: <b>561-482-1380</b>	

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