

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90172 001 \*\*\*\*11.25

05-16-2008 90172 002 \*\*\*138.75

**DOCUMENT # P05000026410**

1. Entity Name  
**PHOENIX SALES & MARKETING CONSULTANTS, INC.**



Principal Place of Business  
**4300 BAYOU BLVD  
SUITE 33  
PENSACOLA, FL 32503 US**

Mailing Address  
**5 PAPAGO CIRCLE  
PENSACOLA, FL 32507 US**

**66010847**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**4300 Bayou Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**33**

05082008

Chg-P

CR2E034 (12/06)

City & State

City & State

**Pensacola FL**

4. FEI Number

**61-4784256**

Applied For

Not Applicable

Zip

Country

Zip

**32503**

Country

**Escambia**

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

**PANT, TREVOR A  
5 PAPAGO CIRCLE  
PENSACOLA, FL 32507**

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 \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME PANT, TREVOR A ☐ Delete  
STREET ADDRESS 5 PAPAGO CIRCLE  
CITY-ST-ZIP PENSACOLA, FL 32507

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

TITLE VT ☒ Delete  
NAME PANT, LASHAWN Q  
STREET ADDRESS 5 PAPAGO CIRCLE  
CITY-ST-ZIP PENSACOLA, FL 32507

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

TITLE Chief Operating Officer ☐ Delete  
NAME Gary L Odum  
STREET ADDRESS 5 PAPAGO Circle  
CITY-ST-ZIP Pensacola, FL 32507

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/13/08**