

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90006 050 \*\*\*150.00

<b>DOCUMENT # P05000041146</b>					
<b>1. Entity Name</b> PHIPPEN-ROWE INC.					
<b>Principal Place of Business</b> 3008 MANATEE AVE. WEST BRANDENTON, FL 34205			<b>Mailing Address</b> 3008 MANATEE AVE. WEST BRANDENTON, FL 34205		
<b>2. Principal Place of Business - No P.O. Box #</b> 408 30TH ST. W.		<b>3. Mailing Address</b> 408 30TH ST. W.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> BRANDENTON, FL		<b>City &amp; State</b> BRANDENTON, FL		<b>4. FEI Number</b> 52-2457191	
<b>Zip</b> 34205		<b>Country</b> MANATEE		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  PHIPPEN, MICHAEL 3008 MANATEE AVE. WEST BRANDENTON, FL 34205			<b>7. Name and Address of New Registered Agent</b> Name <b>DONALD ROWE</b> Street Address (P.O. Box Number is Not Acceptable) 408 30TH STREET WEST City <b>BRADENTON</b> <b>FL</b> <b>Zip Code</b> <b>34205</b>		
<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.</b> SIGNATURE <b>DONALD ROWE, PRES.</b> <b>2/1/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <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>		
<b>TITLE</b> DP <b>NAME</b> PHIPPEN, MICHAEL <b>STREET ADDRESS</b> 3008 MANATEE AVE. WEST <b>CITY-ST-ZIP</b> BRANDENTON, FL 34205	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DEVP <b>NAME</b> ROWE, DONALD <b>STREET ADDRESS</b> 3008 MANATEE AVE. WEST <b>CITY-ST-ZIP</b> BRANDENTON, FL 34205	<input type="checkbox"/> Delete		<b>TITLE</b> DP <b>NAME</b> ROWE, DONALD <b>STREET ADDRESS</b> 408 30TH ST. W. <b>CITY-ST-ZIP</b> BRANDENTON, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>			<b>DONALD ROWE, PRES.</b> <b>2/1/07</b> <b>941-708-9722</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		