

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90184 025 ***150.00

| | | | |
|--|--|---|--|
| DOCUMENT # P05000095588 1. Entity Name HUGH E. PHILLIPS, CPA, INC. | | | |
| Principal Place of Business 1339 N CARNEVALE TER LECANTO, FL 34461 US | | Mailing Address 1339 N CARNEVALE TER LECANTO, FL 34461 US | |
| 2. Principal Place of Business - No P.O. Box # 2412 N Essex Ave | | 3. Mailing Address 2412 N Essex Ave | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Hernando, FL | | City & State Hernando, FL | |
| Zip 34442 | | Zip 34442 | |
| Country Citrus-USA | | Country USA | |
| 4. FEI Number 20-3101047 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PHILLIPS, HUGH E CPA 1339 N CARNEVALE TER LECANTO, FL 34461 | | 7. Name and Address of New Registered Agent Name Phillips, Hugh E CPA Street Address (P.O. Box Number is Not Acceptable) 2412 N. Essex Ave City Hernando FL Zip Code 34442 | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/30/08</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS PHILLIPS, HUGH E CPA 1339 N CARNEVALE TER LECANTO, FL 34461 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTS Phillips, Hugh E CPA 2412 N. Essex Ave Hernando, FL 34442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: | | Date 4/30/08 352 Daytime Phone # 527 1990 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |