


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000095790	
1. Entity Name THE PHILPOT FAMILY, INC.	

Principal Place of Business 415 UNIVERSITY DRIVE VALDOSTA GA 31602	Mailing Address 415 UNIVERSITY DRIVE VALDOSTA GA 31602
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALEY, WILLIAM J 116 NW COLUMBIA AVENUE LAKE CITY FL 32056
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7. Name and Address of New Registered Agent	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME PHILPOT, DEL B STREET ADDRESS 415 UNIVERSITY DRIVE CITY- ST- ZIP VALDOSTA GA 31602	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME XXXXXXXXXX440372 STREET ADDRESS 03/02/06 60038-013 158.75 CITY- ST- ZIP
TITLE VP <input type="checkbox"/> Delete	NAME PHILPOT, MARK STREET ADDRESS 276 NW OOSTERHOUDT LANE CITY- ST- ZIP LAKE CITY FL 32055	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP
TITLE SEC <input type="checkbox"/> Delete	NAME GILES, BRENDA STREET ADDRESS 615 SW 8TH STREET CITY- ST- ZIP LIVE OAK FL 32064	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: 	17 FEB 06 (229) 244-7665
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