2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90033 048 ***150.00

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1. Entity Name
PHAN'S MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
11515 CENTAUR WAY LEHIGH ACRES, FL 33971	% ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FORT MYERS, FL 33906

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	C/o John M Wicker
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Drawer 60205
City & State	City & State Fort Myers FL
Zip / Country	Zip 33906 / Country USA

01182008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8387057 ☐ Applied For ☐ Not Applicable

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
ROYSTON, ROBERT D JR. COSTELLO & ROYSTON LLP 12670 NEW BROTTANY BLVD., SUITE 101 FORT MYERS, FL 33907	Name / Street Add: JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City / 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] DATE 3/11/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PHAN, PHILIP		NAME	
STREET ADDRESS	11515 CENTAUR WAY		STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] PHILIP PHAN 2/28/08 239-598-9987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #