

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90029 014 ***150.00

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01062005 Chg-P CR2E034 (10/03)

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|---|--|---|--|--|--|
| DOCUMENT # P93000003826 1. Entity Name PHRST & COMPANY, INC. | | | | | |
| Principal Place of Business 1201 OCEANSHORE BLVD FLAGLER BEACH, FL 32136 | | | Mailing Address 1201 N ORENNABARE BLVD FLAGLER BEACH, FL 32136 | | |
| 2. Principal Place of Business | | 3. Mailing Address 1201 N OCEANSHORE BLVD | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State FLAGLER BEACH, FL | | 4. FEI Number 65-0387309 | |
| Zip | | Country U.S. of A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVID, THOMAS L. 1428 BRICKELL AVE. 8TH FLOOR MIAMI, FL 33131 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | D PARKER, DR. CLAUDIA J 1201 OCEANSHORE BLVD FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKER, CLAUDIA J DR. 1201 OCEANSHORE BLVD FLAGLER BEACH, FL 32136 <input checked="" type="checkbox"/> Delete (Duplicate) | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR RAYMOND A. PARKER 1201 N OCEANSHORE BLVD FLAGLER BEACH, FL 32136-3102 <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Claudia J. Parker</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | CLAUDIA J. PARKER DIRECTOR 7 January 05 386-439-0664 Date Daytime Phone # | | |