## 2007 FOR PROFIT CORPORATION

## Jan 09, 2007 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # P93000003826 1. Entity Name PHRST & COMPANY, INC. Principal Place of Business Mailing Address 1201 OCEANSHORE BLVD 1201 OCEANSHORE BLVD FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL 32136 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0387309 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DAVID, THOMAS L DO NOT WRITE 1428 BRICKELL AVE. 8TH FLOOR IN THIS SPACE MIAMI, FL 33131 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) Signature, typed or printed name of registered agent and tide if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PARKER, DR. CLAUDIA J NAME 1201 OCEANSHORE BLVD CYREET ANDRESS CITY-ST-ZIP FLAGLER BEACH, FL 32136 UN0)00573968 01/10/07-80028-013 150.00 TITLE PARKER, RAYMOND A NAME 1201 OCEANSHORE BLVD STREET ADDRESS CITY-ST-ZIP FLAGLER BEACH, FL 32136 TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MALK STREET ADDRESS CITY-ST-ZIP TITLE MAME

12. I hereby certify that the information supplied with this filling 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.

دم الإلات

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ABDRESS CUTY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R 6 Jan 07 386-439-0

**FILED**