

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90073 037 \*\*\*150.00

**DOCUMENT # P93000045417**

1. Entity Name  
**PHIL'S MOBILE AUTO SERVICES, INC.**



Principal Place of Business  
**564 S RONALD REAGAN BLVD.  
LONGWOOD, FL 32750 US**

Mailing Address  
**7471 COLONIAL COURT  
SANFORD, FL 32771**

40124114



07032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3177824**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, PHILLIP R  
7471 COLONIAL COURT  
SANFORD, FL 32771**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ROBINSON, PHILLIP  
7471 COLONIAL CT.  
SANFORD, FL 32771**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ROBINSON, LISA L  
7471 COLONIAL CT  
SANFORD, FL 32771**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** Phillip Robinson / **Phillip Robinson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-07  
Date

407-260-1777  
Daytime Phone #

ATTACHMENT

40124114

To Whom It May Concern, # P93 0000 454 17

Please accept my payment of \$150.00.  
~~due to~~ I must have misplaced the  
1st notice. I received this latest notice  
and immediately downloaded the form  
this is the first time I have done  
it this way. Please accept my apologies  
and this will not happen again.

Sincerely,

Philly Koken

Philly Robinson