


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

!"#%&'() P93000079423 1. Entity Name PHILLIPS WHOLESALE CONSULTANTS, INC.		
Principal Place of Business 2402 MARKET ST JACKSONVILLE, FL 32203 US	Mailing Address PO BOX 11119 JACKSONVILLE, FL 32239 US	



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4. FEI Number 59-3210513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 ArrsofR Rgnig45sgr	

6. Name and Address of Current Registered Agent PHILLIPS, ROYCE L JR. 2261 HOLLY OAKS RIVER DR JACKSONVILLE, FL 32225
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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 au Fn\$gn ArrgmofnRg7

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, ROYCE J 2261 HOLLY OAKS RIVER DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, BARBARA C. 2261 HOLLY OAKS RIVER DR JACKSONVILLE, FL 32225
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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 employed.

SIGNATURE:  **Barbara C Phillips**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/8/06 Daytime Phone #: 904-359-0110