

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 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



02182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3210513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, ROYCE L JR.  
2261 HOLLY OAKS RIVER DR  
JACKSONVILLE, FL 32225

**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 \$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

TITLE P  
NAME PHILLIPS, ROYCE J  
STREET ADDRESS 2261 HOLLY OAKS RIVER DR  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE VP  
NAME PHILLIPS, BARBARA C.  
STREET ADDRESS 2261 HOLLY OAKS RIVER DR  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000840481  
03/06/08-80050-003 150.00

**DO NOT WRITE  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara C Phillips  
02/18/08

Date

Daytime Phone #

904-359-0110