

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079423

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: PHILLIPS WHOLESALE CONSULTANTS, INC.

## Current Principal Place of Business:

2402 MARKET ST  
JACKSONVILLE, FL 32203 US

## New Principal Place of Business:

2402 MARKET ST  
JACKSONVILLE, FL 32206 US

## Current Mailing Address:

PO BOX 11119  
JACKSONVILLE, FL 32239 US

## New Mailing Address:

FEI Number: 59-3210513      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PHILLIPS, ROYCE J  
Address: 2261 HOLLY OAKS RIVER DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete  
Name: PHILLIPS, BARBARA C.  
Address: 2261 HOLLY OAKS RIVER DR  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PHILLIPS, ROYCE J  
Address: P O BOX 11119  
City-St-Zip: JACKSONVILLE, FL 32239

Title: VP (X) Change ( ) Addition  
Name: PHILLIPS, BARBARA C.  
Address: P O BOX 11119  
City-St-Zip: JACKSONVILLE, FL 32239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA C PHILLIPS

VP

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date