


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90252 047 \*\*\*150.00

<b>DOCUMENT # P95000003702</b> 1. Entity Name <b>PHOENIX MUTUAL CORPORATION</b>	
---	---

Principal Place of Business <b>3728 N. MAIN ST. GAINESVILLE, FL 32609</b>	Mailing Address <b>PO BOX 1268 PHENIX CITY, AL 36868-1268 US</b>
--	---



02072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3292824</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>HAWLEY, PHILLIP L 3728 N. MAIN ST. GAINESVILLE, FL 32609</b>
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNDERBURK, KENNETH 1313 BROAD ST PHENIX CITY, AL 36868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTEN, ROBERT 2740 SUE MACK DR COLUMBUS, GA
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	

**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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4-30-8</b> <b>334-297-290</b> <small>Date Daytime Phone #</small>
--	---