

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90049 042 ***150.00

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1. Entity Name
PHD & MORE CO.



Principal Place of Business
**189 BLANDING BLVD
ORANGE PARK, FL 32073**

Mailing Address
**189 BLANDING BLVD
ORANGE PARK, FL 32073 US**

2. Principal Place of Business - No P.O. Box #
1842 Park Avenue

3. Mailing Address
541 Willow Oak Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007 Chg-P CR2E034 (12/06)

City & State
Orange Park, FL

City & State
Orange Park FL

4. FEI Number
59-3313005

Applied For
Not Applicable

Zip
32073

Country
USA

Zip
32073

Country
USA

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

6. Name and Address of Current Registered Agent

**TOLSON, JOHN F JR.
462 KINGSLEY AVENUE
SUITE 101
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name **Diana Dix**
Street Address (P.O. Box Number is Not Acceptable)
540 Willow Oak Lane
City **Orange Park** FL Zip Code **32073**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DIX, DIANA E**
STREET ADDRESS **189 BLANDING BLVD**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4-17-07 541-0636