

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90037 006 \*\*\*150.00

**DOCUMENT # P95000045084**

1. Entity Name  
PHILLIPS, CONNER AND JOHNSON INC.



Principal Place of Business

209 TOWN CENTER BLVD  
SUITE 213  
DAVENPORT, FL 33896 US

Mailing Address

P O BOX 300279  
FERN PARK, FL 32730 US

66410879



03142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3434559

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MCCUE, EDWARD  
8025 BAYMEADOWS CIR E.  
UNIT 302  
JACKSONVILLE, FL 32256

**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 Edward McCue  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/04  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE S  
NAME MCCUE, EDWARD  
STREET ADDRESS 8025 BAYMEADOWS CIR E. #302  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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 exemption stated in Section 119.07(3)(i), 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: Edward McCue  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04  
Date

Daytime Phone #

Attachment

106410879  
#P95000045084

~~Altamonte 6 & M Inc operating Acc.~~

63-886/631-041

107

PAY TO THE  
ORDER OF

~~Florida Dept of State Div. of Corporations~~

DATE

~~2/6/04~~

~~\$ 150.<sup>00</sup>/<sub>100</sub>~~

~~DOLLARS~~



~~BELLEAR BLUFFS OFFICE  
401 NORTH INDIAN ROCK ROAD  
BELLEAR BLUFFS, FLORIDA 33770  
1-800-MY BANK 1~~

FOR

~~Marty Root Pres~~

PHILLIPS CONNER AND JOHNSON, INC.

PH. 407-262-1620

P.O. BOX 300279

FERN PARK, FL 32730-0279

848

PAY  
TO THE  
ORDER OF

~~Florida Dept of State Div. of Corps.~~

DATE

~~2/6/04~~

~~\$ 150.<sup>00</sup>/<sub>100</sub>~~

~~DOLLARS~~



~~FOUR CORNERS OFFICE  
100 POLO PARK EAST BLVD.  
DAVENPORT, FL 33897~~

FOR

~~Marty Root Pres~~