

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P95000052370 | |
| 1. Entity Name PHILLIPS, SALOMON & PARRISH, P.A. | |
| Principal Place of Business 215 FIRST ST. N SUITE 100 WINTER HAVEN, FL 33881 | Mailing Address 215 FIRST ST. N SUITE 100 WINTER HAVEN, FL 33881 |



01292008 No Chg-P CR2E034 (11/05)

| | |
|---|-----------------------------------|
| 4. FEI Number 59-3323707 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALOMON, BRAD R
215 FIRST STREET NORTH
SUITE 100
WINTER HAVEN, FL 33881

**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**

000000852715
03/26/08-80040-005 150.00

10. OFFICERS AND DIRECTORS

TITLE VS
NAME PHILLIPS, JAMES A
STREET ADDRESS 215 FIRST ST N
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE P
NAME SALOMON, BRAD
STREET ADDRESS 215 FIRST ST N
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE T
NAME PARRISH, GREGORY
STREET ADDRESS 215 FIRST ST N
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE D
NAME PHILLIPS, STEPHEN F
STREET ADDRESS 215 FIRST ST N
CITY-ST-ZIP WINTER HAVEN, FL 33881

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/08

(863) 299-1267