2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000001490

1. Entity Name PHIL'S PLACE, INC.



Principal Place of Business

6784 STIRLING RD HOLLYWOOD, FL 33324 Mailing Address

6784 STIRLING RD HOLLYWOOD, FL 33324

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91052 008 ***150.00



DO NOT WRITE IN THIS SPACE

 04232004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number 65-0638955
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORELLO, PHIL 6784 STIRLING RD HOLLYWOOD, FL 33324

DO NOT WRITE IN THIS SPACE

	•			S S A C L
	named entity submits this statement for the p ions of registered agent.	urpose of changing its register	ed office or registered agent, or both, in th	ne State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registere	d Agent signature required when reInstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OFFICERS AND DIRECT MORELLO, PHIL 6784 STIRLING RD HOLLYWOOD, FL 33324	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ú			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN TH	IS SPACE
TITLE NAME				

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 ampowered 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 a darress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

954-981-984)