


~~No changes~~
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90401 040 ***150.00

DOCUMENT # P 96000059152
 1. Entity Name The 2703 Phillips Corporation



DO NOT WRITE IN THIS SPACE

✓ 20031934

2. Principal Place of Business 9735 St. Augustine Rd
 Suite, Apt. #, etc. Suite 6
 City & State Jacksonville, FL
 Zip 32257 Country Duval

3. Mailing Address same
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 593393105 Applied For Not Applicable

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

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7. Name and Address of Current Registered Agent
 Name Thompson, David L., Esq
 Street Address (P.O. Box Number is Not Acceptable) 1919 Fartagut Place
 City Jacksonville FL Zip Code 32207

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 N/A DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	<u>DPT</u>	TITLE	
NAME	<u>Reeves, Paul</u>	NAME	
STREET ADDRESS	<u>10340 Nakema Dr. W</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Jacksonville, FL 32257</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Reeves, Paul Reeves 4/13/06 (904) 260-9094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)