

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P96000076103**

1. Entity Name  
**PHIPPS HOLDINGS, INC.**



Principal Place of Business  
3110 CAPITAL CIRCLE NE  
TALLHASSEE, FL 32308

Mailing Address  
3110 CAPITAL CIRCLE NE  
TALLHASSEE, FL 32308

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
PHIPPS VENTURES, INC. 3110 CAPITAL CIRCLE NE TALLHASSEE, FL 32308		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
<b>FL</b>			

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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**

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

<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>								
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>□ Delete</b>	<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>□ Change</b>	<b>□ Addition</b>
PD	BOYLE, DENNIS O	3110 CAPITAL CIRCLE NE	TALLHASSEE, FL 32308	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CD	PHIPPS, JOHN E	3110 CAPITAL CIRCLE NE	TALLHASSEE, FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	LANE, WILLIAM H	3110 CAPITAL CIRCLE NE	TALLAHASSEE, FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VST	WILDER, DAVID	3110 CAPITAL CIR NE	TALLAHASSEE, FL 32308	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:** *David E. Wilder, vP* **4/8/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-12-2004 90672 043 \*\*\*150.00



03052004 Chg-P CR2E034 (10/03)