## **2007 FOR PROFIT CORPORATION**

## **FILED** Apr 16, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P96000076103 PHIPPS HOLDINGS, INC. Principal Place of Business Mailing Address 3110 CAPITAL CIRCLE NE 3110 CAPITAL CIRCLE NE TALLHASSEE, FL 32308 TALLHASSEE, FL 32308 02232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3400571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHIPPS VENTURES, INC. DO NOT WRITE 3110 CAPITAL CIRCLE NE TALLHASSEE, FL 32308 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE BOYLE, DENNIS O NAME 3110 CAPITAL CIRCLE NE STREET ADDRESS CITY-ST-ZIP TALLHASSEE, FL 32308 TITLE U00000706810 LANE, WILLIAM H NAME 04/24/07-80049-012 150.00 3110 CAPITAL CIRCLE NE STREET ADDRESS CITY - ST - ZIP TALLAHASSEE, FL VST WILDER, DAVID NAME STREET ADDRESS 3110 CAPITAL CIR NE DO NOT WRITE CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE IN THIS SPACE NAME STREET ADDRESS

12. Thereby 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR