


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90580 047 ***150.00

DOCUMENT # P96000076119

1. Entity Name
PHIPPS HOTELS, INC.



Principal Place of Business
**3100 CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308**

Mailing Address
**3100 CAPITAL CIRCLE NE
 TALLAHASSEE, FL 32308**

20037057

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 59-3400576 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**PHIPPS VENTURES INC
 3110 CAPITAL CIRCLE N.E.
 TALLAHASSEE, FL 32308**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BOYLE, DENNIS O 3100 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LANE, WILLIAM H 3100 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VST WILDER, DAVID 3110 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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* **4/14/05** **850-386-2832**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #