

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000084377**

1. Entity Name  
**PHILLIPS VENDING CORP.**



Principal Place of Business  
**1-75 SOUTHBOUND  
REST AREA  
WEBSTER, FL 34601**

Mailing Address  
**27418 AZEN LOOP  
BROOKSVILLE, FL 34602 US**



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3412911**

Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PHILLIPS, CLIFFORD  
27418 AZEN LOOP  
BROOKSVILLE, FL 34602**

**DO NOT WRITE  
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

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, 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	OP
NAME	PHILLIPS, CLIFFORD
STREET ADDRESS	27418 AZEN LOOP
CITY - ST - ZIP	BROOKSVILLE, FL 34602
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000326076  
04/23/05-80043-007 150.00

**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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Clifford Phillips* 4-19-05 346-6654