

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000088800

1. Entity Name
PHIL GREEN CONTRACTOR, INCORPORATED



Principal Place of Business
8321 ATLANTIC BLVD.
JACKSONVILLE, FL 32211

Mailing Address
8321 ATLANTIC BLVD.
JACKSONVILLE, FL 32211

FILED
Apr 20, 2005 08:00 AM
Secretary of State



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3409681	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREEN, PHILLIP
8321 ATLANTIC BLVD.
JACKSONVILLE, FL 32211

**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 D
NAME GREEN, PHILLIP
STREET ADDRESS 8321 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32211

U000000317516
04/20/05-80022-008 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

PHILLIP C. GREEN

4/18/05

904-720-0100

Date

Daytime Phone #