
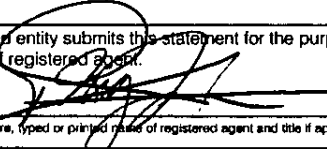
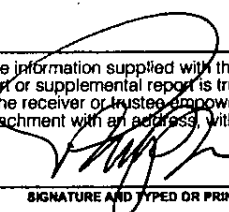


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

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
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:  <u>PHILLIP GREEN, PRESIDENT</u> <u>4/28/08</u> <u>18</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000940660 05/28/08-80073-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GREEN, PHILLIP 8321 ATLANTIC BLVD. JACKSONVILLE, FL 32211	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby 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:  <u>PHILLIP C GREEN / PRES.</u> <u>4/28/08</u> <u>904 720-0100</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		