2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90210 050 ***150.00

DOCUMENT # P97000013438

1. Entity Name
L.M. PHILLIPS CORPORATION

Principal Place of Business	Mailing Address
3320 SO US HWY 27/441 FRUITLAND PARK, FL 34731 US	3320 SO US HWY 27/441 FRUITLAND PARK, FL 34731 US

03102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2160 US Hwy 27/441	2160 US Hwy 27/441
Suite, Apt #, etc	Suite, Apt. #, etc
City & State: Fruitland Park, FL	City & State: Fruitland Park, FL
Zip: 34731 Country: US	Zip: 34731 Country: US

4. FEI Number: 59-3425787 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, LARRY M
3320 SO US HWY 27/441
FRUITLAND PARK, FL 34731

7. Name and Address of New Registered Agent

Name: Larry M Phillips
Street Address (P.O. Box Number is Not Acceptable): 2160 US Hwy 27/441
City: Fruitland Park FL Zip Code: 34731

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] 4/24/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	PHILLIPS, LARRY M		NAME	Larry M Phillips	
STREET ADDRESS	3320 SO US HWY 27/441		STREET ADDRESS	2160 US Hwy 27/441	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #