

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

06 AUG 30 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07242006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000071340					
1. Entity Name S.L. PHILLIPS, INC.					
Principal Place of Business 7350 S. TAMiami TRAIL SARASOTA, FL 34231			Mailing Address 7350 S. TAMiami TRAIL SARASOTA, FL 34231		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0772238	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PHILLIPS, STEVEN 7350 S. TAMiami TRAIL SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT PHILLIPS, STEVEN 7350 S. TAMiami TRAIL SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500079336205 08/31/06--01040--025 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS KABACINKSI, LISA 7350 S. TAMiami TRAIL SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Lisa Kabalinski</i>			LISA KABALINSKI 8/3/06 944-922-4321		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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August 3, 2006

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Document # P97000071340
S.L. Phillips, Inc.

Dear Sir or Madam:

Please consider our request for the late fee to be waived since the annual report notice was not received.

Your attention to this matter is greatly appreciated.

Sincerely,

A handwritten signature in cursive script, reading "Lisa Kabacinski".

Lisa Kabacinski
Vice President, S.L. Phillips, Inc.