

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90026 013 ***150.00

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**



05082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0772238

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PHILLIPS, STEVEN
7350 S. TAMiami TRAIL
SARASOTA, FL 34231**

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DPT
PHILLIPS, STEVEN
7350 S. TAMiami TRAIL
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVPS
KABACINKSI, LISA
7350 S. TAMiami TRAIL
SARASOTA, FL 34231**

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

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lisa Kabacinski 5/8/08 941-922-4321

ATTACHMENT

40100684

Lisa Kabacinski
S.L. Phillips, Inc.
7350 S. Tamiami Trail
Sarasota, Florida 34231

May 8, 2008

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

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

Dear Sir or Madam:

Please be advised our annual report reminder notice was never received prior to May 1, 2008.

Please consider our request for the late fee to be waived since we did not receive any prior notice.

Your attention to this matter is greatly appreciated.

Sincerely,



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