


**2005, FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000027381	
1. Entity Name PHILLIPS PLACE GP, INC.	

Principal Place of Business 7575 DR PHILLIPS BLVD 210 ORLANDO, FL 32819	Mailing Address 7575 DR PHILLIPS BLVD 210 ORLANDO, FL 32819
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02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3502956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LYNCH, J CRAIG 7575 DR PHILLIPS BLVD. ORLANDO, FL 32819

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, WARREN O P O BOX 865 OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LYNCH, J. CRAIG 7575 DR. PHILLIPS BLVD., #210 ORLANDO, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LYNCH, KARA H 7575 DR. PHILLIPS BLVD., #210 ORLANDO, FL 32819
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04/25/05-80179-011 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  **Kara H. Lynch** 3/14/05 407.345.8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #