

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR -5 PM 2:20

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



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3502956

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$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

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

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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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 #