

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051483

FILED  
Mar 12, 2004  
Secretary of State

Entity Name: BARRY AND SUSAN PHILLIPS, P.A.

## Current Principal Place of Business:

2600 SW 19TH AVE RD  
INSIDIE WALMART VISION CENTER  
OCALA, FL 34474

## New Principal Place of Business:

2600 SW 19TH AVE RD  
INSIDIE WALMART VISION CENTER  
OCALA, FL 34474

## Current Mailing Address:

2600 SW 19TH AVE RD  
INSIDIE WALMART VISION CENTER  
OCALA, FL 34474

## New Mailing Address:

2600 SW 19TH AVE RD  
INSIDIE WALMART VISION CENTER  
OCALA, FL 34474

FEI Number: 59-3581391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILLIPS, BARRY  
2600 SW 19TH AVE ROAD  
INSIDIE WALMART VISION CENTER  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: PHILLIPS, BARRY D  
Address: 2600 SW 19TH AVE ROAD  
City-St-Zip: OCALA, FL 34474

Title: SVD ( ) Delete  
Name: PHILLIPS, SUSAN B  
Address: 2600 SW 19TH AVE ROAD  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN PHILLIPS

SVP

03/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date