## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000051483

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

FILED Mar 24, 2009 Secretary of State

| -   |   | ·                              |   |  |  |
|---|---|--------------------------------|---|--|--|
| Current Principal Place of Business:  |   |                                | New Principal Place                         | of Business:                                 |  |
|   | COLLEGE RD.<br>EARS OPTICA<br>L 34474                   |                                |   |  |  |
| Current Mailing Address:  |   |                                | New Mailing Address:                        |  |  |
| 1620 SE 29<br>OCALA, FI   | 9TH TERRAC<br>L 34471                                   | Ε                              |   |  |  |
| FEI Number: 59-3581391  |   | FEI Number Applied For()       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                                |   |  |  |
| PHILLIPS,<br>1620 SE 29<br>OCALA, FI  | 9TH TERRAC  |                                |   |  |  |
|   | named entity<br>e of Florida.                           | submits this statement for the | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUR  | RE:   |                                |   |  |  |
| Electronic Signature of Registered Agent  |   |                                | ent   | Date   |  |
| Election Car  | mpaign Financin   | g Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:   |   |                                | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PTD (<br>PHILLIPS, BAR<br>1620 SE 29 TH<br>OCALA, FL 34 | TERR                           | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | SVD (<br>PHILLIPS, SUS<br>1620 SE 29TH<br>OCALA, FL 34  | TERRACE                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARRY PHILLIPS PTD 03/24/2009