

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000078562

1. Entity Name
PHASE II, INC.



Principal Place of Business
9201 BROOKWOOD CT., #4
BONITA SPRINGS, FL 34135 US

Mailing Address
7541 CORDOBA CIRCLE
NAPLES, FL 34109 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPEAR, KENNETH
5955 PINE RIDGE ROAD
NAPLES, FL 34119

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3599930	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**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 Cte if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPEAR, KENNETH P
STREET ADDRESS	7541 CORDOBA CIRCLE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	SPEAR, JULIE A
STREET ADDRESS	7541 CORDOBA CIRCLE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Kenneth Spear* **04/18/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Apr 17, 2006 8:00 am
Secretary of State**

04-17-2006 90389 020 ***150.00