

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 13 PM 6:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S51913

1. Entity Name  
PHOENIX PRODUCTS, INC.



Principal Place of Business  
1727 BENNETT ST.  
JACKSONVILLE, FL 32206

Mailing Address  
P.O. BOX 3197  
JACKSONVILLE, FL 32206

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3066372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE., STE 3000  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name William E. Doyle, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2002 Southside Blvd., Suite 201

City Jacksonville

FL

Zip Code 32216

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 *Electus P. Slater*

4-30-04

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, 2004 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 ☒ Delete  
NAME BECK, CAROLINE K.  
STREET ADDRESS 1727 BENNETT ST.  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE D ☐ Delete  
NAME SLATER, ELECTUS P.  
STREET ADDRESS 1727 BENNETT ST.  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000035441110  
05/05/04--01011--025 \*\*175.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Electus P. Slater* Electus P. Slater, Director

4-30-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #