


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90167 011 ***150.00

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3066372	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOYLE, WILLIAM E ESQ 2002 SOUTHSIDE BLVD SUITE 201 JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name Edwin W. Held, Jr., Esquire Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Tower, Suite 1916 City Jacksonville FL Zip Code 32207	
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 <u><i>Edwin W. Held, Jr.</i></u> Edwin W. Held, Jr., Esquire April 21, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATER, ELECTUS P 1727 BENNETT ST. JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Electus P. Slater</i></u> Electus P. Slater			Director 4/21/2005 904-354-1858 <small>Date Daytime Phone #</small>		

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