

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # V47711

1. Entity Name
MARY ANNE PHILIPS, P.A.



Principal Place of Business Mailing Address
MARY ANNE PHILIPS 7759 FORESTAY DR.
1721 SOUTHEAST 4TH AVE LAKE WORTH, FL 33467-7819 US
FORT LAUDERDALE, FL 33316 US

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0339209

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILIPS, MARY ANNE
1721 SOUTHEAST 4TH AVE
FORT LAUDERDALE, FL 33316

**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PHILIPS, MARY ANNE P.A.
STREET ADDRESS	1721 SOUTHEAST 4TH AVE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000177328
01/11/05-80033-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mary Anne Philips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Paul G... (MNGR) 1-6-2005 (954) 523-0036