

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90019 026 ***150.00



DOCUMENT # P24138

1. Entity Name

PHELPS-TOINTON, INC.

Principal Place of Business

**ONE GREELEY NATIONAL PLAZA
 822 - 7TH STREET SUITE 200
 GREELEY CO 80631-3933**

Mailing Address

**PO BOX 9
 GREELEY CO 80632-0009**

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 700

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-1109079

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State.**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOINTON, ROBERT G.	
STREET ADDRESS	822 - 7TH STREET	
CITY-ST-ZIP	GREELEY CO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PHELPS, JOSEPH F.	
STREET ADDRESS	822 - 7TH STREET	
CITY-ST-ZIP	GREELEY CO	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOINTON, BETTY L.	
STREET ADDRESS	822 - 7TH STREET	
CITY-ST-ZIP	GREELEY CO	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOINTON, BRYAN E	
STREET ADDRESS	822 7TH ST, SUITE 700	
CITY-ST-ZIP	GREELEY CO	
TITLE	V	<input type="checkbox"/> Delete
NAME	GILLMORE, TRAVIS W	
STREET ADDRESS	822 7TH STREET, STE. 700	
CITY-ST-ZIP	GREELEY CO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-04 (970) 353-7000

Date

Daytime Phone #