


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P35827**

1. Entity Name  
**PHOENIX COATING RESOURCES, INC.**



Principal Place of Business      Mailing Address

2377 STATE RD 37 SOUTH      P O BOX 1439  
MULBERRY, FL 33860 US      MULBERRY, FL 33860 US

**DO NOT WRITE IN THIS SPACE**



01092007    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**52-1548327**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEHRUNG, JOHN M**  
5016 MUIR WAY  
LITHIA, FL 33547

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reexisting)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEHRUNG, JOHN M. 5016 MUIR WAY LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST NADOLSKI, THOMAS P. 912 CENTERBROOK DR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAIFETZ, RICHARD I. 3 FULHAM CT SILVER SPRING, MD 20902
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**

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02/05/07-80024-023 150.00

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:       Date: 1/9/07      Daytime Phone #: 863 425 430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #