


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 14, 2008 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



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 52-1548327 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

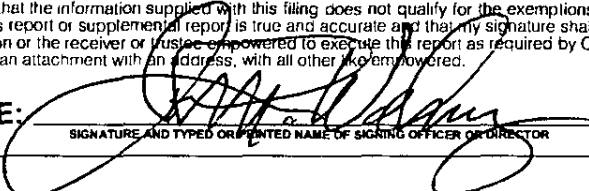
000000784268
 01/16/08-80049-001 150.00

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	

DO NOT WRITE IN THIS SPACE

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 officers employed.

SIGNATURE:  **1/9/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #