


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|---------|-----|---|---|--|
| DOCUMENT # F03000000079 | | | |  | |
| 1. Entity Name PHELPS WILKES & ASSOCIATES, INC. | | | | | |
| Principal Place of Business 429 AUSTRALIAN AVENUE PALM BEACH FL 33480 | | | Mailing Address 429 AUSTRALIAN AVENUE PALM BEACH FL 33480 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number | |



MOORE CR2E034 (11/03)

| | | | | | |
|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent WILKES, BEVERLY L 429 AUSTRALIAN AVENUE PALM BEACH FL 33480 | | | | 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 _____ (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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|----------------------|---------------------------------|--|---|--|---|--|
| TITLE | DCP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PHELPS, MASON JR | | | NAME | | | |
| STREET ADDRESS | 13368 POLO RD WEST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | | | CITY-ST-ZIP | | | |
| TITLE | DVCP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILKES, BEVERLY LAKE | | | NAME | | | |
| STREET ADDRESS | 429 AUSTRALIAN AVE. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | | CITY-ST-ZIP | | | |
| TITLE | ST | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILKES, BEVERLY LAKE | | | NAME | | | |
| STREET ADDRESS | 429 AUSTRALIAN AVE. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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)(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: Beverly Lake Wilkes 1/25/04 561-655-9287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #