


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G18646</b> 1. Entity Name PHOENIX CONSTRUCTION SERVICES, INC.	
---	---

Principal Place of Business 1805 TENNESSEE AVE. LYNN HAVEN, FL 32444	Mailing Address 1805 TENNESSEE AVE. LYNN HAVEN, FL 32444
--	--

**DO NOT WRITE IN THIS SPACE**



01232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2247483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FINCH, JAMES D 1805 TENNESSEE AVE LYNN HAVEN, FL 32444	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11000000197864 01/27/05-80028-021 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINCH, JAMES D 910 CAROLINA AVE LYNN HAVEN, FL 32444	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLINOWSKY, RON 1403 MASSACHUSETTS AVENUE LYNN HAVEN, FL 32444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EDWARDS, PATRICIA L 1120 PENNSYLVANIA AVENUE LYNN HAVEN, FL 32444	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(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: <u>Patricia L. Edwards</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1.24.05 <small>Date</small>	8502654210 <small>Daytime Phone #</small>
--	--------------------------------	--