

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90049 031 ***150.00

DOCUMENT # H17347

1. Entity Name

PHELPS ASSOCIATES, INC.



Principal Place of Business

1801 SOUTH FEDERAL HIGHWAY
SUITE 243
DELRAY BEACH FL 33483
US

Mailing Address

1801 SOUTH FEDERAL HIGHWAY
STE 240
DELRAY BEACH FL 33483
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE #240

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2440056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHELPS, CHRISTOPHER G.
1801 SOUTH FEDERAL HIGHWAY
SUITE #240
DELRAY BEACH FL 33483

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

Christopher G. Phelps, **CHRISTOPHER G. PHELPS, PRESIDENT** **1/25/2006**

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 ☐ Delete
NAME PSTD
STREET ADDRESS PHELPS, CHRISTOPHER G.
CITY-ST-ZIP 1801 S FEDERAL HIGHWAY SUITE #243
DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christopher G. Phelps, **CHRISTOPHER G. PHELPS, PRESIDENT** **1/25/2006** **561-276-7591**