

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # H23629

1. Entity Name
RAYMOND A. PHELAN, INC.



Principal Place of Business
623 N. GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118-3820

Mailing Address
623 N. GRANDVIEW AVENUE
DAYTONA BEACH, FL 32118-3820



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2450801

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PHELAN, RAYMOND A.
623 N. GRANDVIEW AVE.
DAYTONA BEACH, FL 32218-3820

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

000000591688
01/19/07-80033-007 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME PHELAN, RAYMOND A.
STREET ADDRESS 623 N. GRANDVIEW AVE.
CITY-ST-ZIP DAYTONA BEACH, FL 322183820

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 like empowered.

SIGNATURE: _____

Ray A. Phelan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-07 (386) 252-6556

Date

Daytime Phone #