## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #**#123629

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

## FILED Apr 23, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01042008 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

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, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000315684 05/03/08-80025-004 150.00

OFFICERS AND DIRECTORS 10. TITLE NAME PHELAN, RAYMOND A. STREET ADDRESS 623 N. GRANDVIEW AVE. CITY-ST-ZIP DAYTONA BEACH, FL 322183820 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP 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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-08 (386) 252-6556

Date

Daylime Phone #