


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N06000008032</b>					
<b>1. Entity Name</b> PHOENIX BROS., INC.					
<b>Principal Place of Business</b> 1005 B LINCOLN AVENUE MELBOURNE, FL 32901-1			<b>Mailing Address</b> 1005 B LINCOLN AVENUE MELBOURNE, FL 32901-1		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SCHARBACKER, WILLIAM K 1005 B LINCOLN AVENUE MELBOURNE, FL 32901-1			Name <u>GONSALVES Joseph W.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2070 Little John Rd.</u> <u>Melbourne, Fla</u> City <u>FL</u> Zip Code <u>32935</u>		
<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.</b>					
SIGNATURE <u>Joseph W. Gonsalves</u> <u>Joseph W. Gonsalves</u> <u>12/Sept - 07</u> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SCHABACKER, WILLIAM K 90 BLUE BIRD BLVD. INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	GONSALVES Joseph W 2070 Little John Rd Melbourne Fla 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D FRONTERA, DAVID C 380 SEA BULL AVE. S.W. PALM BAY, FL 32908	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	600109563366 09/18/07--01021--025 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D PRICE, THOMAS 746 MOHAWK AVE. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 617, 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.</b>					
SIGNATURE: <u>Joseph W. Gonsalves</u> <u>Joseph W. Gonsalves</u> <u>12/Sept 07</u> <u>3212430456</u> <small>(Signature typed or printed name of signing officer or director Date Daytime Phone #)</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08062007 Chg-NP CR2E037 (12/06)

**4. FEI Number** ☐ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
 Name GONSALVES Joseph W.  
 Street Address (P.O. Box Number is Not Acceptable)  
2070 Little John Rd.  
Melbourne, Fla  
 City FL Zip Code 32935

**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 Joseph W. Gonsalves Joseph W. Gonsalves 12/Sept - 07  
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

**9. Election Campaign Financing**  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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