## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112043

Entity Name: PHELPS BUILDERS GROUP, INC.

FILED Jan 10, 2006 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

428 SILVER PALMS CIR 2629 WAVERLY BARN ROAD DAVENPORT, FL 33837

STE. 133

DAVENPORT, FL 33897

**Current Mailing Address: New Mailing Address:** 

428 SILVER PALMS CIR 2629 WAVERLY BARN ROAD DAVENPORT, FL 33837

STE. 133

DAVENPORT, FL 33897

FEI Number: 06-1660257 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHELPS, THOMAS M SR PHELPS, THOMAS M SR 428 SILVER PALMS CIR 800 W CUMMINGS STREET US DAVENPORT, FL 33837 LAKE ALFRED, FL 33850

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.

SIGNATURE: THOMAS M PHELPS SR 01/10/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

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( ) Delete

DAVENPORT, FL 33837

PHELPS, THOMAS M SR

428 SILVER PALMS CIR

DAVENPORT, FL 33837

PHELPS, THOMAS M SR

428 SILVER PALMS CIR

DAVENPORT, FL 33837

MAHLER, MICHAEL J

428 SILVER PALMS CIR

DAVENPORT, FL 33837

## **OFFICERS AND DIRECTORS:** DPVS

Title:

Title:

Name:

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **DPVS** (X) Change ( ) Addition PHELPS, THOMAS M SR Name: PHELPS, THOMAS M SR 428 SILVER PALMS CIR 800 W CUMMINGS STREET Address: City-St-Zip: LAKE ALFRED, FL 33850

> Title: (X) Change ( ) Addition

Name: PHELPS, THOMAS M SR 800 W. CUMMINGS STREET Address: LAKE ALFRED, FL 33850 City-St-Zip:

Title: (X) Change ( ) Addition VΡ

PHELPS, THOMAS M SR Name: 800 W CUMMINGS STREET Address: City-St-Zip: LAKE AFLRED, FL 33850

Title: (X) Change ( ) Addition

MAHLER, MICHAEL J Name: Address: 221 OSCEOLA STREET City-St-Zip: AUBURNDALE, FL 33823

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M PHELPS SR. Τ 01/10/2006