2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

Mar 16, 2004 8:00 am Secretary of State **DOCUMENT # P03000083268** 03-16-2004 90020 003 ***158.75 1. Entity Name PHELPS BUILDERS GROUP II, INC. Principal Place of Business Mailing Address 3389 CYPRESS GARDENS ROAD 3389 CYPRESS GARDENS ROAD 33884 3389 CYPRESS GARDENS ROAD WINTER HAVEN, FL -33882-33884 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 32-0087652 Not Applicable Country ___ Zip_ Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, VICTOR R ESQ. Street Address (P.O. Box Number is Not Acceptable) 170 E. HAINES BOULEVARD LAKE ALFRED, FL 33850 City 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 Signature, typed or printed name of registered agent and tale if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVST THE ПΤΙΕ Change X Addition Delete SECRETARY/TREASURER PHELPS, THOMAS M SR. JANICE A. SUMMERS 3389ECYPRESS, GARDENS RD. NAME NAME STREET ADDRESS 3389 CYPRESS GARDENS ROAD STREET ADDRESS WINTER HAVEN, FL. 33884 CITY-ST-ZIP WINTER HAVEN, FL 33862 33884 CITY-ST-ZIP VICE-PRESIDENT & DIRECTOR TITLE **Addition** ☐ Delete TITLE SUMMERS, JANICE A. PHELPS, THOMAS M SR. NAME NAME 3389 CYPRESS GARDENS RD. STREET ADDRESS 3389 CYPRESS GARDENS ROAD STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33882-33884 CITY-ST-ZIP WINTER HAVEN, FL 33884 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 addition, with all other like empowered.

MARCH 9, 2004

Date

863-318-9500

Daytime Phone #

FILED