

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000083268</b> 1. Entity Name <b>PHELPS BUILDERS GROUP II, INC.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATION  <b>04 MAY 11 PM 1:14</b>	
Principal Place of Business <b>3389 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33882</b>				Mailing Address <b>3389 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33882</b>			
2. Principal Place of Business <b>3389 Cypress Gardens Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 391</b> Suite, Apt. #, etc.					
City & State <b>Winter Haven, FL</b>		City & State <b>Winter Haven, FL</b>		4. FEI Number <b>32-0087652</b>		Applied For Not Applicable	
Zip <b>33884</b>		Country <b>USA</b>		Zip <b>33882</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, VICTOR R ESQ. 170 E. HAINES BOULEVARD LAKE ALFRED, FL 33850</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SUMMERS, JANICE A</b> <b>3389 CYPRESS GARDENS ROAD</b> <b>WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PHELPS, THOMAS M SR.</b> <b>3389 CYPRESS GARDENS ROAD</b> <b>WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>Phelps, Thomas M. Sr.</b> <b>33389 Cypress Gardens Road</b> <b>Winter Haven, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SUMMERS, JANICE A</b> <b>3389 CYPRESS GARDENS ROAD</b> <b>WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 address, with all other like empowered.							
<b>SIGNATURE:</b> <b>Janice A. Summers</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>May 10, 2004</b> <small>Date</small>		<b>863-318-9500</b> <small>Daytime Phone #</small>	