2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Apr 04, 2007 08:00 Al Secretary of State DOCUMENT: # P03000085861 1. Entity Name :PHELPS ELECTRIC, INC. CORRECTED LANGE CORRECTED CORRECTION CORREC Filth Howell File is a septime. M May ca Principal Place of Business Mailing Address 2954 COTTAGE GROVE AVE. NAPLES, FL 34112 NAPLES, FL 34112 CR2E034 (11/05) 01132007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 26-0069163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired THE PERSON AND FOR Fee Required 6. Name and Address of Current Registered Agent PHELPS, PATRICK DO NOT WRITE 2954 COTTAGE GROVE AVE. NAPLES, FL 34112 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. MARIO A NORTH SIGNATURE. 13 Signsture, typod or printed name of registered agent and title if applicable, 13 To 15 (NOTE: Registered Agent signature required when reinstating) DATE MARCHER STEAM SEE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. U00000689288 10.15 CE 2007 TO TOUR STREET OFFICERS AND DIRECTORS PHELPS PATRICK TITLE NAME 2954 COTTAGE GROVE AVE. STREET ADDRESS CITY-ST-ZIP **NAPLES, FL 34112** TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attention with floring director of the corporation of the corporation of 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

SIGNATURE: The Patrick helps president

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4-1-2017 239-775-506

Daytime Phone