

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90075 030 \*\*\*150.00

**DOCUMENT # P04000101523**

1. Entity Name  
**PHEALY INC.**



Principal Place of Business  
**373 W. CLARIDGE ST.  
SATELLITE BCH, FL 32937**

Mailing Address  
**373 W. CLARIDGE ST.  
SATELLITE BCH, FL 32937**

**50027871**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**432 N. NEPTUNE DR**

Suite, Apt. #, etc.

**432 N. NEPTUNE DR**

City & State

**SATELLITE BEACH, FL**

City & State

**SATELLITE BEACH, FL**

Zip  
**32937**

Country  
**U.S.**

Zip  
**32937**

Country  
**U.S.**

03142005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-1341626**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHERVEY, WILLIAM  
373 W. CLARIDGE ST.  
SATELLITE BCH, FL 32937**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SHERVEY, WILLIAM  
373 W. CLARIDGE ST.  
SATELLITE BCH, FL 32937** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SHERVEY, DEBBE  
373 W. CLARIDGE ST.  
SATELLITE BCH, FL 32937** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HEALY, MARYELLEN  
373 W. CLARIDGE ST.  
SATELLITE BCH, FL 32937** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SHERVEY, WILLIAM  
432 N. NEPTUNE DR.  
SATELLITE BEACH, FL 32937** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SHERVEY, DEBBE  
432 N. NEPTUNE DR  
SATELLITE BEACH, FL 32937** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HEALY, MARYELLEN  
432 N. NEPTUNE DR  
SATELLITE BEACH, FLORIDA 32937** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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.

SIGNATURE:

**William SHERVEY**

**MARCH 15, 05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #