


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90046 035 ***150.00

DOCUMENT # P05000162749 1. Entity Name BRAD PHELPS, INC					
Principal Place of Business 8107 PENSACOLA BLVD PENSACOLA, FL 32534			Mailing Address 8107 PENSACOLA BLVD PENSACOLA, FL 32534		
2. Principal Place of Business - No P.O. Box # 913 SWEETGUM VALLEY PL Suite, Apt. #, etc.		3. Mailing Address 913 SWEETGUM VALLEY PL Suite, Apt. #, etc.			
City & State LAKE MARY FL		City & State LAKE MARY FL		4. FEI Number 20-3929105	
Zip 32746		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHELPS, BRAD 8107 PENSACOLA BLVD PENSACOLA, FL 32534			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) 913 SWEETGUM VALLEY PL City LAKE MARY FL Zip Code 32746		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PHELPS, BRAD 8107 PENSACOLA BLVD PENSACOLA, FL 32534		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 913 SWEETGUM VALLEY PL LAKE MARY FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PHELPS, SEANA 8107 PENSACOLA BLVD PENSACOLA, FL 32534		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 913 SWEETGUM VALLEY PL LAKE MARY FL 32746	
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	
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	
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	
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 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 attachment with an address, with all other like empowered.					
SIGNATURE Brad Phelps		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Brad Phelps		Date 4/13/08 Daytime Phone # 407-462-4201	