

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102315

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: PHOENIX BANKRUPTCY PARTNERS PA

**Current Principal Place of Business:**

12800 UNIVERSITY DRIVE, STE 260  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12800 UNIVERSITY DRIVE, STE 260  
FT MYERS, FL 33907

**New Mailing Address:**

12800 UNIVERSITY DRIVE  
SUITE 260  
FT MYERS, FL 33907

FEI Number: 26-0898187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MELANSON, NOELLE M ESQ.  
12800 UNIVERSITY DRIVE, STE 260  
FT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: PHOENIX, CHARLES PT  
Address: 12800 UNIVERSITY DRIVE, STE 260  
City-St-Zip: FORT MYERS, FL 33907

Title: TREA ( ) Change (X) Addition  
Name: MELANSON, NOELLE M  
Address: 12800 UNIVERSITY DRIVE, STE 260  
City-St-Zip: FORT MYERS, FL 33907

Title: SEC ( ) Change (X) Addition  
Name: BOWER, HOLLY  
Address: 12800 UNIVERSITY DRIVE, STE 260  
City-St-Zip: FORT MYERS, FL 33907

Title: VP ( ) Change (X) Addition  
Name: FILE, JASON  
Address: 12800 UNIVERSITY DRIVE, STE 260  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES PT PHOENIX

PRES

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date