

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 15, 2006 8:00 am**  
**Secretary of State**

06-15-2006 90001 021 \*\*\*550.00

**DOCUMENT # P24138**

1. Entity Name  
**PHELPS-TOINTON, INC.**



Principal Place of Business  
**ONE GREELEY NATIONAL PLAZA  
822 - 7TH STREET SUITE 700  
GREELEY, CO 80631-3933**

Mailing Address  
**PO BOX 9  
GREELEY, CO 80632-0009**

40033010



05052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1109079</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
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.

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 \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TOINTON, ROBERT G.
STREET ADDRESS	822 - 7TH STREET
CITY - ST - ZIP	GREELEY, CO

TITLE	VD
NAME	PHELPS, JOSEPH F.
STREET ADDRESS	822 - 7TH STREET
CITY - ST - ZIP	GREELEY, CO

TITLE	SD
NAME	TOINTON, BETTY L.
STREET ADDRESS	822 - 7TH STREET
CITY - ST - ZIP	GREELEY, CO

TITLE	T
NAME	TOINTON, BRYAN E
STREET ADDRESS	822 7TH ST, SUITE 700
CITY - ST - ZIP	GREELEY, CO

TITLE	V
NAME	GILLMORE, TRAVIS W
STREET ADDRESS	822 7TH STREET, STE. 700
CITY - ST - ZIP	GREELEY, CO

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

529-06 970-353-7000  
Date Daytime Phone #

Robert G. Tointon / President