

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000012914	
1. Entity Name R.L. PHELPS & ASSOCIATES, INC.	



Principal Place of Business 13344 ISLAND RD FT MYERS, FL 33905 US	Mailing Address PO BOX 51354 FORT MYERS, FL 33994-1354 US
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DO NOT WRITE IN THIS SPACE	
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01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0640911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PHELPS, ROBERT L 13344 ISLAND RD FORT MYERS, FL 33905	
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHELPS, ROBERT L 13344 ISLAND RD FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PHELPS, BARBARA J 13344 ISLAND RD FORT MYERS, FL 33905
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01/08/07-80008-012 150.00

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: <u>Robert L. Phelps</u>	1/5/07 239 6941349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone