


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90026 026 \*\*\*150.00


<b>DOCUMENT # P96000069033</b>	
1. Entity Name WILLIAM T. PHELPS CONSULTING, INC.	

Principal Place of Business P.O. BOX 540511 ORLANDO, FL 32854	Mailing Address POB 4976 ORLANDO, FL 32802-4976
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <u>924 Baxter Blvd</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Portland Maine</u>	City & State <u>Portland Maine</u>
Zip <u>04103</u>	Country <u>USA</u>

40044000



02022007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3397221	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 UNCAPHER, KENNETH R 837 NORTH GARLAND AVE ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name <u>William T. Phelps</u> Street Address (P.O. Box Number is Not Acceptable) <u>706 W. 2nd Ave</u> City <u>Windermere</u> FL <u>34876</u>	

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 William T. Phelps William T. Phelps Mar 19, 2007  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHELPS, WILLIAM T 706 W 2ND AVE WINDERMERE, FL 34876 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William T. Phelps William T. Phelps 3-19-07 (407) 876-2471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #