

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000069033



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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

924 Baxter Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Portland Maine

Zip

Zip

04103

Country

USA

4. FEI Number  
59-3397221

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNCAPHER, KENNETH R  
837 NORTH GARLAND AVE  
ORLANDO, FL 32801

Name

William T. Phelps

Street Address (P.O. Box Number is Not Acceptable)

706 W. 2nd Ave

City

Windermere

FL

Zip Code  
34876

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

William T. Phelps Mar 19, 2007

FILE NOW!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
PHELPS, WILLIAM T  
706 W 2ND AVE  
WINDERMERE, FL 34876

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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 3-19-07 (407) 816-2471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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

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