


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000011172</b>	
<b>1. Entity Name</b> E. A. PHELPS ENTERPRISES, INC.	

<b>Principal Place of Business</b> 5620 US HWY 98 N LAKELAND FL 33809	<b>Mailing Address</b> 5620 US HWY 98 N LAKELAND FL 33809
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip Country	Zip Country




1st MOORE CR2E034 (10/04)

<b>4. FEI Number</b> 59-3424952	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  PUTNAM, ABEL A 500 SOUTH FLORIDA AVE SUITE <del>200</del> 300 LAKELAND FL 33801	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE

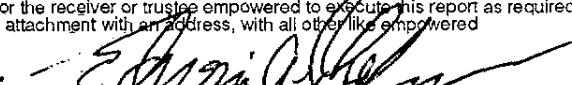
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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, EDWIN A 6043 CONDOR DRIVE LAKELAND FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/11/05-80127-019 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **4-7-05 863-853-3900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #