2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT# P97000013108

1. EntityName
B.J.PHELPS,INC.

PrincipalPlaceofBusiness	MailingAddress
400 S WOODLAND BLVD DELAND, FL 32720	400 S WOODLAND BLVD DELAND, FL 32720

02062004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-3248762
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

CRABTREE,SHANNON
400SWOODLANDBLVD
DELAND,FL32720

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PVT
NAME	CRABTREE,SHANNON
STREETADDRESS	400S.WOODLANDBLVD
CITY-ST-ZIP	DELAND,FL32720
TITLE	D
NAME	CRABTREE,SHANNON
STREETADDRESS	400S.WOODLANDBLVD
CITY-ST-ZIP	DELAND,FL32720
TITLE	S
NAME	PHELPS,BETTYJ
STREETADDRESS	570PLEASANTRUNDR
CITY-ST-ZIP	DELAND,FL32724
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000068984
02/27/04-80063-020 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119 07(3)(i),FloridaStatutes Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered

SIGNATURE: _____ 02-10-2003 386 725-1796
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#