2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 8:00 am Secretary of State

DOCUMENT # P97000013108 1. Entity Name B. J. PHELPS, INC.					04-04-2007	90181 004 ***15	50.00	
Principal Place of Business Mailing Address								
400 S WOODLAND BLVD DELAND, FL 32720		400 S WOODLAND BLVD Deland, Fl. 32720			1878 1881 8388 8678 16 3))	T/1 11 0	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe 59-324			oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent	Nama	7. Name and	Address of New R	legistered Agent		
CRABTREE, SHANNON 400 S WOODLAND BLVD				Name Street Address (P.O. Box Number is Not Acceptable)				
DELAND, FL 32720				· · · · · · · · · · · · · · · · · · ·				
			City			FL Zip Coo	de e	
	named entity submits this statement for	or the purpose of changing its	registered office or r	registered agent, or bot	h, in the State of Flo	orida. I am familiar with,	, and accept	
SIGNATURE_								
0.0,,,,,,	Signature, typed or printed name of registered agent	and title if explicable (NCTE	B					
	Signature, typed or printed have or registered eggs.	Tana me a appresant. (1907)	E Hegistered Agent signatur	re required when reinstating)		DATE		
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai	gn Financing	\$5.00 May Be Added to Feas		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00	9. Election Campai Trust Fund Contr	gn Financing	\$5.00 May Be Added to Feas	CHANGES TO OFF	TICERS AND DIRECTOR	RS IN 11	
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12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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:

SIGNATURE

Date

Date

Dayline Phone #