

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # **298000074647**

1. Entity Name

**Phoenix Consulting, Inc.**



FILED

07 APR 30 AM 10:04

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

000101573940  
05/04/07--01009--016 \*\*158.75

CR2E034B (8/05)

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1201 Hays St**  
Suite, Apt. #, etc.  
**#100**

3. Mailing Address

**1201 Hays St**  
Suite, Apt. #, etc.  
**#100**

City & State

**Tallahassee FL**

City & State

**Tallahassee FL**

4. FEI Number

**59-3529161**

Applied For

Not Applicable

Zip

**32301**

Country

**USA**

Zip

**32301**

Country

**USA**

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Teresa Edwards**

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

**10505 Valentine Rd**

City

**Tallahassee**

FL

Zip Code

**32317**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

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  
**PT3**  
**Teresa A. Edwards**  
**10505 Valentine Rd. South**  
**Tallahassee, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PT51**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**Ramona Powell-Poole**  
**3023 Bowell Rd**  
**Tallahassee, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCM**  
**Teresa A. Edwards**  
**10505 Valentine Rd South**  
**Tallahassee, FL 32317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Teresa A. Edwards**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-07**  
Date

**850-222-4104**  
Daytime Phone #