

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 21 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04172008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3529161 Applied For Not Applicable

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

DOCUMENT # P98000074647

1. Entity Name  
PHOENIX CONSULTING, INC.



Principal Place of Business 1201 HAYS ST.  
SUITE 100  
TALLAHASSEE, FL 32301

Mailing Address 1201 HAYS ST.  
SUITE 100  
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #  
1100 East Park Ave  
Suite, Apt. #, etc.  
RM: C  
City & State  
Tallahassee FL  
Zip  
32301  
Country  
USA

3. Mailing Address  
1100 East Park Ave  
Suite, Apt. #, etc.  
RM: C  
City & State  
Tallahassee, FL  
Zip  
32301  
Country  
USA

6. Name and Address of Current Registered Agent  
EDWARDS, TERESA A  
10505 VALENTINE ROAD SOUTH  
TALLAHASSEE, FL 32317-8609

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 Teresa A. Edwards Teresa A. Edwards 4-18-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS EDWARDS, TERESA A MS 10505 VALENTINE ROAD SOUTH TALLAHASSEE, FL 323178609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400124894454 04/22/08--01001--008 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCM EDWARDS, TERESA A MS 10505 VALENTINE ROAD SOUTH TALLAHASSEE, FL 323178609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWELL-POOLE, RAMONA MS 3023 POWELL ROAD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Teresa A. Edwards Teresa A. Edwards 4-18-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #