

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # V27732

1. Entity Name
PHELPS FARM ORCHIDS, INC.



Principal Place of Business
**15808 TIMBERWOOD DRIVE
TAMPA, FL 33625**

Mailing Address
**15808 TIMBERWOOD DRIVE
TAMPA, FL 33625**



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3114282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PHELPS, PAUL L
15808 TIMBERWOOD DR
TAMPA, FL 33625**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHELPS, PATRICIA 15808 TIMBERWOOD DR TAMPA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHELPS, PAUL 15808 TIMBERWOOD DR TAMPA, FL
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**DO NOT WRITE
IN THIS SPACE**

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:

Patricia Phelps **Patricia Phelps**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-2005 813-961-8427
Date Daytime Phone #