2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# 596169

Entity Name: EDWARDS CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

85 S. W. 52ND AVENUE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

85 S. W. 52ND AVENUE
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-1886910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, STEVEN M
85 S.W. 52ND AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	T	(X) Delete
Name:	EDWARDS, GEORGE D	
Address:	14323 SE 128TH STREET	
City-St-Zip:	OCKLAWAHA, FL 34491	
Title:	P	( ) Delete
Name:	EDWARDS, STEVEN M	
Address:	470 SW 63RD ST RD	
City-St-Zip:	OCALA, FL 34474	
Title:	V	( ) Delete
Name:	WATERS, LELAND D	
Address:	474 SW 63RD ST RD	
City-St-Zip:	OCALA, FL 34474	
Title:	S	( ) Delete
Name:	BROWN, FRANCES K	
Address:	9691 SW 190TH AVENUE ROAD	
City-St-Zip:	DUNNELLON, FL 34432	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S/T	(X) Change ( ) Addition
Name:	GUDE, TIM M	
Address:	85 SW 52ND AVENUE	
City-St-Zip:	OCALA, FL 34474	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM M GUDE S/T 04/10/2006

Electronic Signature of Signing Officer or Director Date