

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000003922

1. Entity Name
EDENS & AVANT REALTY, INC.



Principal Place of Business
**1901 MAIN ST STE 900
COLUMBIA, SC 29201**

Mailing Address
**1901 MAIN ST STE 900
COLUMBIA, SC 29201**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2327871

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324**

**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 restate)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME	P LUMPKIN, JOHN
STREET ADDRESS	1901 MAIN ST STE 900
CITY - ST - ZIP	COLUMBIA, SC 29201
TITLE NAME	VS MCLEAN, JODIE
STREET ADDRESS	1901 MAIN ST STE 900
CITY - ST - ZIP	COLUMBIA, SC 29201
TITLE NAME	C EDENS, JOE
STREET ADDRESS	1901 MAIN ST STE 900
CITY - ST - ZIP	COLUMBIA, SC 29201
TITLE NAME	D FRYER, WILLIAM B
STREET ADDRESS	191 PEACHTREE ST
CITY - ST - ZIP	ATLANTA, GA 303031763
TITLE NAME	D LOVE, J R
STREET ADDRESS	7000 CENTRAL PARKWAY STE 1500
CITY - ST - ZIP	ATLANTA, GA 30328
TITLE NAME	D PHERIGO, WILLIAM L
STREET ADDRESS	1241 MAIN ST
CITY - ST - ZIP	COLUMBIA, SC 29201

**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)(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 Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04
Date

803-779-4420
Daytime Phone #