2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P04000142114** 1. Entity Name THE DALE EDWARDS COMPANY 2008 APR 24 PM 1:43 Principal Place of Business Mailing Address SECRETARY OF STATE 3305 WOODY WAY 3305 WOODY WAY TALLAHASSEE, FLORIDA TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 04132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3729542 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUICK, JUDITH H DO NOT WRITE 3305 WOODY WAY TALLAHASSEE, FL 32309 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ШE QUICK, JUDITH H NAME 800125550198 04/24/08--01024--010 **150.00 STREET ADDRESS 3305 WOODY WAY CITY-ST-ZIP TALLAHASSEE, FL 32309 TITLE QUICK, THOMAS E NAME STREET ADDRESS 3305 WOODY WAY CDY-ST-ZP TALLAHASSEE, FL 32309 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TTTE NAME STREET ADDRESS CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

NAME STREET ADDRESS CITY-ST-ZIP

1-pr/ 23:2008

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