


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000061073	
1. Entity Name EDWARDS, COHEN, SANDERS, DAWSON & MANGU, P.A.	

Principal Place of Business 6 EAST BAY STREET 500 JACKSONVILLE, FL 32202 US	Mailing Address 6 EAST BAY STREET 500 JACKSONVILLE, FL 32202 US
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04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3252937

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

8. Name and Address of Current Registered Agent

EDCOLAW INC
6 EAST BAY STREET
500
JACKSONVILLE, FL 32202

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	EDWARDS, DAVID J
STREET ADDRESS	6 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	DVT
NAME	COHEN, DAVID
STREET ADDRESS	6 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VS
NAME	SANDERS, KARL J
STREET ADDRESS	6 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	V
NAME	DAWSON, GREGORY M
STREET ADDRESS	6 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	V
NAME	MANGU, JEAN M
STREET ADDRESS	6 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

DAVID COHEN, R.P.

4/4/06 904 633-7979