


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000083351 1. Entity Name EDISON BANCSHARES, INC.	
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Principal Place of Business 13000 S CLEVELAND AVE FT MYERS FL 33907 US	Mailing Address P O BOX 61399 FORT MYERS FL 33906-399 US
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MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0705508	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ROEPSTORFF, GEOFFREY W 13000 S CLEVELAND AVE FT MYERS FL 33907	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHERIDAN, HOWARD DR. 842 CAL COVE DRIVE FORT MYERS FL 33919	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, THOMAS D JR 13451 MCGREGOR BLVD STE 29 FORT MYERS FL 33919	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSORETZ, DANIEL E DR. 13221 PONDEROSA LANE FORT MYERS FL 33901	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DUVALL, DAVID M 1436 BRANDYWINE CIRCLE FORT MYERS FL 33919	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROEPSTORFF, GEOFFREY W 1287 ISABEL DRIVE SANIBEL FL 33957	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROEPSTORFF, ROBBIE B 1287 ISABEL DRIVE SANIBEL FL 33957	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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02/23/04-80189-023 150.00

JAN 27 2004

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:  DATE: 2-19-04 DAYTIME PHONE #: 239-466-1800