2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000083351

1. Entity Name
EDISON BANCSHARES, INC.

Principal Place of Business	Mailing Address
13000 S CLEVELAND AVE FT MYERS, FL 33907 US	P O BOX 61399 FORT MYERS, FL 33906-399 US

01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0705508
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROEPSTORFF, GEOFFREY W
13000 S CLEVELAND AVE
FT MYERS, FL 33907

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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02/02/05-80004-003 150.00

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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 all other like empowered.

SIGNATURE: _____ 1/25/05 (239)466-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #