## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000083351

Entity Name: EDISON BANCSHARES, INC.

FILED Feb 01, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	CLEVELAND A' S, FL 33907	VE US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX FORT MY	61399 ERS, FL 3390	6 US			
FEI Number	: 65-0705508	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
13000 S C	DRFF, GEOFF ELEVELAND A' S, FL 33907				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CD ( SHERIDAN, HO 842 CAL COVE FORT MYERS,	DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( DOSORETZ, D 13221 PONDE FORT MYERS,	ROSA LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCD ( DUVALL, DAVI 1436 BRANDY FORT MYERS,	WINE CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD ( ROEPSTORFF 1287 ISABEL [ SANIBEL, FL 3	PRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY W. ROEPSTORFF PD 02/01/2008