2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2004 8:00 am Secretary of State

DOCUMENT # 130754						03-18-2004 90033 013 ***150.00					0.00	
1. Entity Nan EDWARI		ING COMPANY										
Principal Plac	ce of Business		Mailing Address						0100	TIGG		
4100 S. FR0			P.O. BOX 1687			ı						
LAKELAND, FL 33815 US			LAKELAND, FL 33802-1687 US				ĺ					
							1 (1116) (1116)	ANDA WINITA PININA MANG MANG	CHEN UNIX EN	UN TIAN DERA DE	EURO A ITE	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03112004	Chg-P	CR2E	034 (10/03)		
City & State			City & State				4. FEI Number 59-0526				pplied For ot Applicable	
Zip	ip Country		Zip Cour		itry		5. Certificate o	f Status Desired		\$8.75 Ad Fee Require	ditional ed	
		7. Name and Address of New Registered Agent										
EDWARDS JR.A T						Name David L. Edwards						
2609 NEV				Street Address (P.O. Box Number is Not Acceptable)								
LAKELAN			-	09 Nevada								
						La	keland, E	71. 33803				
		gain to		!	City				FL	Zíp Coc	fe .	
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 Sometime, typed or privided name of registered agent and title if applicable. (INOTE: Registered Agent signature required when renestizing) DATE												
	Signature, typed t	a braneo isane oi refuscacio agair	and the repplicable. (1901)	: HetJistate	O Agent signatur	e teanted	when remataring)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5. Trust Fund Contribution.									- -			
10.	,	OFFICERS AND				ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11		
TITLE NAME	P EDWARDS	2 10 4 7	XX Delete TITLE							Change	Addition	
STREET ADDRESS	2609 NEV		•	ET ADDRESS								
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NAME	EDWARDS	S, MICHAEL L.] NAV		£ }							
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CITY-ST-ZIP		i.			ST-ZIP						Ì	
12. I hereby certify that the information supplied with this filling 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											ntormation	
indicated of the corp	on this report poration or the	or supplemental report is receiver or trustee emp	strue and accurate and that mo owered to execute this report a	y signati is requir	ure shall hav ed by Chapl	e the sater 607.	ame legal effect a Florida Statutes:	is if made under oa and that my name	ith; that I a	m an officer Rlock 10 or	or director	

David L. Edwards, Pres.