

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90043 003 ***150.00

DOCUMENT # 215489

1: Entity Name

EDWARDS AND EDWARDS, INC.



Principal Place of Business

MARVIN R EDWARDS
1345 RIVERBIRCH LN
JACKSONVILLE FL 32207-7540
US

Mailing Address

MARVIN R EDWARDS
1345 RIVERBIRCH LN
JACKSONVILLE FL 32207-7540
US

24041998



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0913773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, MARVIN R
1345 RIVERBIRCH LN
JACKSONVILLE FL 32207-7540

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: *Marvin R. Edwards, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	EDWARDS, MARVIN R	
STREET ADDRESS	1345 RIVERBIRCH LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32207-7540	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDWARDS, HELENE S	
STREET ADDRESS	1345 RIVERBIRCH LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32207-7540	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, MARVIN R	
STREET ADDRESS	1345 RIVERBIRCH LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32207-7540	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUREVICH, NORMAN MARC	
STREET ADDRESS	5205 STRATHMORE AVE	
CITY - ST - ZIP	KENSINGTON MD 20895	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Marvin R. Edwards (MARVIN R. EDWARDS)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04

Date

(904) 737-8688

Daytime Phone #