

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90013 026 \*\*\*150.00

**DOCUMENT # 297602**

1. Entity Name

EDMISTON & EDMISTON, INC.



Principal Place of Business

4160 CURRY FORD RD  
ORLANDO FL 32806  
US

Mailing Address

PO BOX 300466  
FERN PARK FL 32730  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1191 QUINTUPLET DRIVE

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

Zip

32707

Country

USA



1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1232829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EMISTON, JAMES R  
1191 QUINTUPLET DR  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-electing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 PD ☐ Delete  
NAME EDMISTON, JAMES R.  
STREET ADDRESS 1191 QUINTUPLET DRIVE  
CITY-ST-ZIP CASSELBERRY FL

TITLE VD ☐ Delete  
NAME EDMISTON, MAXINE L.  
STREET ADDRESS 1191 QUINTUPLET DRIVE  
CITY-ST-ZIP CASSELBERRY FL

TITLE SD ☒ Delete  
NAME EDMISTON, ROBERT V.  
STREET ADDRESS 2120 HOMEWOOD DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE TD ☒ Delete  
NAME EDMISTON, FLORENCE  
STREET ADDRESS 2120 HOMEWOOD DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*James R. Edmiston* JAMES R. EDMISTON

Date:

Daytime Phone #

3/1/2006 407-695-7598