

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90055 014 ***150.00

DOCUMENT # 340252

1. Entity Name

STED INVESTMENTS INC



Principal Place of Business

**330 SW MAIN BLVD
LAKE CITY FL 32025**

Mailing Address

**330 SW MAIN BLVD
LAKE CITY FL 32025**

94042437



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3366 SW Arlington Blvd

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Lake City, Fl.

City & State

4. FEI Number

59-1453105

Applied For

Not Applicable

Zip

32025

Country

Columbia

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EDGLEY, CHARLES E.
448 S. FIRST STREET
LAKE CITY FL 32025**

7. Name and Address of New Registered Agent

Name **Edgley, Marilyn J. Edgley**
Street Address (P.O. Box Number is Not Acceptable)
164 SW Marvin Barnett Rd
Lake City, FL
City **Lake City** FL Zip Code **32025**

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 **Marilyn J. Edgley**
Signature, type 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 **P** ☒ Delete
NAME **EDGLEY, CHARLES E.**
STREET ADDRESS **330 SW MAIN BLVD**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **V** ☐ Delete
NAME **EDGLEY, DOUGLAS E.**
STREET ADDRESS **RT 18 BOX 549**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **ST** ☐ Delete
NAME **EDGLEY, MARILYN J.**
STREET ADDRESS **330 SW MAIN BLVD**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P.S.** ☐ Change ☒ Addition
NAME **Edgley Marilyn J.**
STREET ADDRESS **164 SW Marvin Barnett Rd.**
CITY-ST-ZIP **Lake City, FL 32025**

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

TITLE ☐ Change ☐ Addition
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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: **Marilyn J. Edgley** **329-04 (386) 252-0580**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #