

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90011 008 \*\*\*150.00

DOCUMENT # 352789

1. Entity Name

SCHOLFIELD REALTY INC



Principal Place of Business

Mailing Address

~~5657 MANATEE AVE W~~  
BRADENTON FL 34209  
US

~~5657 MANATEE AVE W~~  
BRADENTON FL 34209  
US



2. Principal Place of Business - No P.O. Box #

400 59TH ST W

3. Mailing Address

400 59TH ST W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON

City & State

BRADENTON

Zip

34209

Country

MANATEE

Zip

34209

Country

MANATEE

4. FEI Number

59-1273156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

EDWARDS, DERRYL T.  
5711 7TH AVENUE, N.W.  
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

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

400 59TH ST W

City

BRADENTON

FL

Zip Code

34209

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 reinstating)

DATE

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

**After May 1, 2007 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  
NAME EDWARDS, DERRYL T.  
STREET ADDRESS 5711-7TH AVE., N.W.  
CITY- ST- ZIP BRADENTON FL ☐ Delete

TITLE STD  
NAME EDWARDS, COALLA F.  
STREET ADDRESS 5711-7TH AVE., N.W.  
CITY- ST- ZIP BRADENTON FL ☐ Delete

TITLE EVD  
NAME EDWARDS, BARBARA A.  
STREET ADDRESS 5711 7TH AVE., N.W.  
CITY- ST- ZIP BRADENTON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY- ST- ZIP ☐ Change ☐ Addition

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

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

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:

*D. T. Edwards* PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/07 9417922363