

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 405645	
1. Entity Name EDGEWATER HOLDING CORPORATION	

Principal Place of Business 1401 EDGEWATER DR ORLANDO FL 32804-6352	Mailing Address 1401 EDGEWATER DR ORLANDO FL 32804-6352
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1408890	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent THOMAS, EDWARD L 1523 ANCHOR COURT ORLANDO FL 32804
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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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when submitting.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

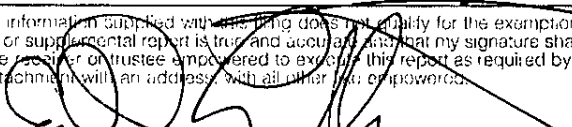
9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	THOMAS, EDWARD L
STREET ADDRESS	1523 ANCHOR COURT
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	D ☐ Delete
NAME	THOMAS, CAROLINE C
STREET ADDRESS	1523 ANCHOR COURT
CITY-ST-ZIP	ORLANDO FL 32804
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	☐ 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	

U00000858928
04/02/08-80001-018-150-00

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 officer 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 persons empowered.

SIGNATURE:  3/14/08 407/425-4820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR