

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90182 026 ***150.00

DOCUMENT # 433043

1. Entity Name

TOM EDWARDS, INC.



Principal Place of Business

1425 W. MAIN ST.
P.O. BOX 190
BARTOW FL 33830

Mailing Address

1425 W. MAIN ST.
P.O. BOX 190
BARTOW FL 33830

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1481605

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, RANDAL T
6071 MOUNTAIN LAKE DRIVE
LAKELAND FL 33813

Name

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

6053 MOUNTAIN LAKE DR.

City Lakeland

FL

Zip Code 33813

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME EDWARDS, IONA D
STREET ADDRESS 2729 BELLERIVE DR
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4721 HIGHANOS PLACE CIRCLE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE T
NAME EDWARDS, STEPHEN D
STREET ADDRESS 2009 WOODBRIDGE LANE
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

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

TITLE VPS
NAME EDWARDS, RANDAL T
STREET ADDRESS 2633 BELLERIVE DR
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6053 MOUNTAIN LAKE DR.
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2006 863-533-0793

Date

Daytime Phone #