

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 446546**

1. Entity Name  
**BOB EDWARDS & ASSOCIATES, INC.**



Principal Place of Business  
**2100 45TH ST., UNIT B19  
WEST PALM BEACH, FL 33407 US**

Mailing Address  
**2100 45TH ST., UNIT B19  
WEST PALM BEACH, FL 33407 US**



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1524381**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PEARSON, LINDA M  
60 YACHT CLUB PL  
TEQUESTA, FL 33469**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

U000000902533  
04/30/08-80009-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	EDWARDS, ROBERT A
STREET ADDRESS	118 LINDA LANE
CITY-ST-ZIP	W PALM BEACH, FL
TITLE	PD
NAME	PEARSON, LINDA M
STREET ADDRESS	2100 45TH ST UNIT B19
CITY-ST-ZIP	W PALM BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date

Daytime Phone #

LINDA M PEARSON

4/3/2008

561-840-0777