

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 548284

FILED
Aug 31, 2009
Secretary of State

Entity Name: EDMUNDS METAL WORKS, INC.

Current Principal Place of Business:

6111 15TH ST E
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

6111 15TH ST E
BRADENTON, FL 34203

New Mailing Address:

FEI Number: 59-1773161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDMUNDS, THOMAS G.
6111 15TH ST. E.
BRADENTON, FL 34203 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDMUNDS, THOMAS G.
Address: 25005 63RD AVE. E.
City-St-Zip: MYAKKA CITY, FL 34251

Title: V (X) Delete
Name: WESER, CHARLES
Address: 1050 WRIGHTS ZELLAR RD
City-St-Zip: LINCOLNTON, GA 30817

Title: S () Delete
Name: EDMUNDS, JUDITH A
Address: 25005 63RD AVE. E.
City-St-Zip: BRADENTON, FL

Title: T () Delete
Name: ATKINS, APRIL D
Address: 5263 4TH AVE. S.
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SV (X) Change () Addition
Name: EDMUNDS, JUDITH A
Address: 25005 63RD AVE. E.
City-St-Zip: BRADENTON, FL

Title: T (X) Change () Addition
Name: RALEY, L. STANCIL
Address: 6150 STATE ROAD 70 EAST
City-St-Zip: BRADENTON, FL 34203

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS G. EDMUNDS

PD

08/31/2009

Electronic Signature of Signing Officer or Director

Date