


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90027 001 \*\*\*550.00

<b>DOCUMENT # 578420</b>		
1. Entity Name D & L EDGINGTON, INC.		

Principal Place of Business 1842 WATERBURY LANE ORANGE PARK, FL 32073	Mailing Address P.O. BOX 1153 ORANGE PARK, FL 32067-1153 US
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2. Principal Place of Business 3804 Green View Terrace Suite, Apt. #, etc. <del>Middleburg, FL 32068</del> City & State Middleburg, FL Zip 32068 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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01312006 Chg-P	CR2E034 (11/05)
4. FEI Number 59-1924924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDGINGTON, WILLIAM L. 1842 WATERBURY LANE ORANGE PARK, FL 32073	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 William L. Edgington William L. Edgington 7/1/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD EDGINGTON, WILLIAM L. P.O. BOX 1153 ORANGE PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS EDGINGTON, WILLIAM L. P.O. BOX 1153 ORANGE PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: William L. Edgington William L. Edgington 7/1/06 904-282-2492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #