



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90160 002 \*\*\*150.00

<b>DOCUMENT # 578420</b> 1. Entity Name <b>D &amp; L EDGINGTON, INC.</b>																																																																																																																																			
Principal Place of Business <b>3804 GREEN VIEW TERRACE MIDDLEBURG, FL 32068</b>			Mailing Address <b>P.O. BOX 1153 ORANGE PARK, FL 32067-1153 US</b>																																																																																																																																
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																																	
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1924924</b>																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
<div style="display: flex; justify-content: space-between;"> <span>04082007    Chg-P    CR2E034 (12/06)</span>  </div>																																																																																																																																			
<b>6. Name and Address of Current Registered Agent</b>  <b>EDGINGTON, WILLIAM L. 1842 WATERBURY LANE ORANGE PARK, FL 32073</b>			<b>7. Name and Address of New Registered Agent</b> Name <u>William L. Edgington</u> Street Address (P.O. Box Number is Not Acceptable) <u>3804 Green View Terrace</u> City <u>Middleburg</u> <b>FL</b> Zip Code <u>32068</u>																																																																																																																																
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 <u>William L. Edgington</u> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>			DATE <u>4-8-07</u>																																																																																																																																
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																
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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.																																																																																																																																			
<b>SIGNATURE:</b> <u>William L. Edgington</u> <u>William L. Edgington</u> <u>4-8-07</u> <u>(904) 545-2916</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																																																																																																																			