

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # 590701

1. Entity Name
**EDMISTON & EDMISTON, CERTIFIED PUBLIC
ACCOUNTANTS, P.A.**



Principal Place of Business
**17 CORDOVA STREET
SAINT AUGUSTINE, FL 32084**

Mailing Address
**17 CORDOVA STREET
SAINT AUGUSTINE, FL 32084**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1850562

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EDMISTON, MARGARET G.
17 CORDOVA STREET
ST AUGUSTINE, FL 32084**

**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**

10. OFFICERS AND DIRECTORS

TITLE D
NAME EDMISTON, JR, WC
STREET ADDRESS 36 ST AUGUSTINE BLVD.
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE VSD
NAME EDMISTON, MARGARET ANN
STREET ADDRESS 36 ST AUGUSTINE BLVD.
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE PTD
NAME EDMISTON, MARGARET G.
STREET ADDRESS 134 PELICAN REEF DR
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE V
NAME USINA-MORSE, ELIZABETH
STREET ADDRESS 4351 PALM STREET
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000806577
02/06/08-80049-006 150.00

**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 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

Margaret G. Edmiston
Margaret G. Edmiston

1/28/08
1/28/08

904-824-9192
904-824-9192

Date

Daytime Phone #