


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 602350
 1. Entity Name
 CHARLES M. EDWARDS, JR., D.M.D., P.A.



Principal Place of Business Mailing Address
 % CHARLES M. EDWARDS % CHARLES M. EDWARDS
 774 N EDGEWOOD AVE 774 N EDGEWOOD AVE
 JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205

DO NOT WRITE IN THIS SPACE



05062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1301926 Not Applicable

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

6. Name and Address of Current Registered Agent
 EDWARDS, CHARLES M.
 774 N EDGEWOOD AVE
 JACKSONVILLE, FL 32205

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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: N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

| | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD EDWARDS, CHARLES M. (JR) 774 N EDGEWOOD AVE. JACKSONVILLE, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles M. Edwards, Jr. Charles M. Edwards 5/9/05 904 381 1928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #