

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002718

FILED
Jul 22, 2005
Secretary of State

Entity Name: EDKO, INC.

Current Principal Place of Business:

1019 AIRPARK DRIVE
SUGAR GROVE, IL 605549585

New Principal Place of Business:

Current Mailing Address:

1019 AIRPARK DRIVE
SUGAR GROVE, IL 605549585

New Mailing Address:

FEI Number: 36-3782278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRIN, DONALD
1313 PLAYMOOR DRIVE
PALM HARBOR, FL 34683 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: PARRIN, DONALD R
Address: 70 WESTHAVEN CIRCLE
City-St-Zip: GENEVA, IL 601349585

Title: VD () Delete
Name: WROBLEWSKI, MICHAEL C
Address: 419 CLARENDON COURT
City-St-Zip: CLARENDON HILLS, IL 60514

Title: SD () Delete
Name: FAVILLE, ANDREW M
Address: 625 N. FIRST STREET
City-St-Zip: GENEVA, IL 60134

Title: VTD () Delete
Name: SCHLEPP, ERVIN E
Address: N7977 SURFWOOD DRIVE
City-St-Zip: ELKHORN, WI 53121

Title: D () Delete
Name: HEERDT, LESLIE R
Address: 7 SOUTH 773 RHODES
City-St-Zip: BIG ROCK, IL 60511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONALD R PARRIN

PCD

07/22/2005

Electronic Signature of Signing Officer or Director

_____ Date