

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004011

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** JAMES N. EDWARDS CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

405 TURTLE RUN CT  
PONTE VEDRA BCH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

405 TURTLE RUN CT  
PONTE VEDRA BCH, FL 32082

**New Mailing Address:**

**FEI Number:** 73-1495265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDWARDS, JAMES N  
405 TURTLE RUN CT  
PONTE VEDRA BCH, FL 32082 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

**OFFICERS AND DIRECTORS:**

Title: CDP  
Name: EDWARDS, JAMES N  
Address: 405 TURTLE RUN CT  
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: ST  
Name: EDWARDS, CINDY  
Address: 405 TURTLE RUN CT  
City-St-Zip: PONTE VEDRA BCH, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: CINDY EDWARDS

ST

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date