

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # F27513

1. Entity Name

EDINBOROUGH DEVELOPMENT CORPORATION, INC.



**FILED
Feb 02, 2005 8:00 am
Secretary of State**

02-02-2005 90048 013 ***150.00

40011187



1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address		
4131 NW 13TH STREET, #216 GAINESVILLE FL 32609 US	4131 NW 13TH ST #216 GAINESVILLE FL 32609 US		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent
MENDEL, EDWARD B 4131 NW 13TH STREET SUITE 216 GAINESVILLE FL 32609-1863			Name
			Street Address (P.O. Box Number is Not Acceptable)
			City
			FL Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEL, EDWARD B		NAME	
STREET ADDRESS	4131 NW 13TH ST, SUITE 216		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609-1863		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEL, RAY		NAME	
STREET ADDRESS	63 BAYWOOD DRIVE		STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEL, EDWARD B		NAME	
STREET ADDRESS	408-B-A WEST UNIVERSITY AVE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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

2/28/05 (352) 377-4585

Date

Daytime Phone #