

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90024 040 ***150.00

DOCUMENT # F27513

1. Entity Name
EDINBOROUGH DEVELOPMENT CORPORATION, INC.



Principal Place of Business
**4131 NW 13TH STREET, #216
GAINESVILLE, FL 32609 US**

Mailing Address
**4131 NW 13TH ST
#216
GAINESVILLE, FL 32609 US**



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2090172

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MENDEL, EDWARD B
4131 NW 13TH STREET
SUITE 216
GAINESVILLE, FL 32609-1863**

**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

3/11/08

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**TS
MENDEL, EDWARD B
4131 NW 13TH ST, SUITE 216
GAINESVILLE, FL 326091863**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MENDEL, RAY
1045 PRESTWICK
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MENDEL, EDWARD B
4131 NW 13TH ST, SUITE 216
GAINESVILLE, FL 32609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 to my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/08 352 3774585