2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F56194

Entity Name: ED-WIL ENTERPRISES, INC

FILED Apr 30, 2005 Secretary of State

Current Pri	ncipal Place	of Business:	New Principal Place of Business:	
103 HILLSIE MARTINEZ,	DE CT		·	
Current Mailing Address:			New Mailing Address:	
103 HILLSIE MARTINEZ,		US		
FEI Number: 5	59-2152187	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and A	Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:
RICHARDSON, FAYE 5851 HOLLYHOCK DR LAKELAND, FL 33813		US		
The above r		submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATUR	E:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Cam	paign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	V () LEOPARD, WII 1227 FLOWING AUGUSTA, GA		Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:) Delete GH, RONALD, L. 3 WELLS RD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PCFO () WILMOT, PATE 103 HILLSIDE MARTINEZ, GA	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	s (') Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PATRICIA F. WILMOT PCFO 04/30/2005

FEARNEYHOUGH, LISA R

AUGUSTA, GA

1229 FLOWING WELLS RD

Name:

Address:

City-St-Zip: