

## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # F89397**

1. Entity Name EDIBLES ETC., INC.



Principal Place of Business

285 W CENTRAL PKWY

**SUITE 1724** ALTAMONTE SPRINGS, FL. 32751. Mailing Address

285 W CENTRAL PKWY

**SUITE 1724** ALTAMONTE SPRINGS, FL 32751

## **FILED** Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90097 025 \*\*\*150.00



04032006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2200617

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NINA, SHARON 285 W CENTRAL PARKWAY

DO	NOT	WRITE
IN	THIS	SPACE

ALTAMONTE SPRINGS, FL 32714			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	Symmetical content where they we chay hand the	tabbicabe (PSI), ligislere	LAgentagnalie	त्व स्टबंध्यक्ष स्थलता श्रुप	ـ اک		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DIREC	CTORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY ST ZIP	DP NINA, SHARON 419 WEST CITRUS ATT ALTAMONTE SPGS. FL 32714						
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TITLE NAME STREET ADDRESS CITY ST ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY ST ZIP							
TITLE  NAME  STREET ADDRESS  CITY ST. ZIP							

12. Thereby certify that the information supplied with this filling 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 with an address, with all other like empowered.

SIGNATURE:

TITLE LAME STREET ADORESS CITY ST ZIP