

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90041 014 \*\*\*150.00

**DOCUMENT # F89397**

1. Entity Name  
**EDIBLES ETC., INC.**



Principal Place of Business

**285 W CENTRAL PKWY  
SUITE 1724  
ALTAMONTE SPRINGS, FL 32751 US**

Mailing Address

**285 W CENTRAL PKWY  
SUITE 1724  
ALTAMONTE SPRINGS, FL 32751 US**

**DO NOT WRITE IN THIS SPACE**



01292007 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  
SUITE 1724  
ALTAMONTE SPRINGS, FL 32714**

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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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NINA, SHARON
STREET ADDRESS	419 WEST CITRUS STREET
CITY-ST-ZIP	ALTAMONTE SPGS, FL 32714
TITLE	Vice President of Operations
NAME	David S. Nina
STREET ADDRESS	8034 Chianti Drive
CITY-ST-ZIP	Orlando FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 with an address, with all other IEP empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sharon B. Nina*

*3/1/07 407-862-4320*