## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # G00599** 

1. Entity Name

EDGEWATER BEACH REALTY, INC.



FILED Apr 25, 2005 08:00 A Secretary of State

Principal Place of Business

Mailing Address

11212 WEST ALTERNATE HWY. 98 119 EUCLID AVENUE 11212 FRONT BEACH RD BIRMINGHAM, AL 35213 US PANAMA CITY BEACH, FL 32407 US							
DO NOT WRITE IN THIS SPACE				03172005 4. FEI Numb 59-222	No Chg-P	CR2E034 (10/03)	lied For Applicable
BUDKE II	6. Name and Address of Current Regis	stered Agent					
BURKE, LEWIS W. 221 MCKENZIE AVE PANAMA CITY, FL 32401			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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE							
Signature, typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when rensisting) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DIRECTORS				130000000	San atom mem	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURNHAM, WESLEY L JR 119 EUCLID AVE. BIRMINGHAM, AL 35213				U000003 04/25/05-8	823377 80141-004 150.	00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALLACE JR, NALL J 119 EUCLID AVE BIRMINGHAM, AL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP							
title Name Street address City-St-Zip							
12. I hereby c	ertify that the information supplied with this fi on this report or supplemental report is true a	ling does not qualify for the exer	mption stated in Se	ction 119.07(3)	(i), Florida Statutes I	further certify that the info	rmation director

12. Thereby certify that the information supplied with this filling does not guelify 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 eath, 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 infer like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.W. NALL, JR 4-18-

(205) 879-7720