


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G56538</b> 1. Entity Name EDWARDS, HARPER, MCNEW AND COMPANY	
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Principal Place of Business 5571 HALIFAX AVE FORT MYERS, FL 33912	Mailing Address 5571 HALIFAX AVE FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2313748	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  INGE, RONALD E. 5571 HALIFAX AVE FORT MYERS, FL 33912
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARPER, DANIEL R 14860 6MILE CYPRESS PKWY FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCNEW, QUINTON B 14860 6MILE CYPRESS PKWY FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EDWARDS, JOHN W 216 SKYWOOD DR VALRICO, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST INGE, RONALD E 14860 6MILE CYPRESS PKWY FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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02/09/04-80096-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/9/04 Daytime Phone #