

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # G56538

1. Entity Name
EDWARDS, HARPER, MCNEW AND COMPANY



Principal Place of Business Mailing Address
5571 HALIFAX AVE 5571 HALIFAX AVE
FORT MYERS, FL 33912 FORT MYERS, FL 33912



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2313748 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INGE, RONALD E.
5571 HALIFAX AVE
FORT MYERS, FL 33912

**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

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, 2005 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 HARPER, DANIEL R
STREET ADDRESS 14860 6MILE CYPRESS PKWY
CITY- ST- ZIP FT MYERS, FL 00000

TITLE DV
NAME MCNEW, QUINTON B
STREET ADDRESS 14860 6MILE CYPRESS PKWY
CITY- ST- ZIP FT MYERS, FL 00000

TITLE DV
NAME EDWARDS, JOHN W
STREET ADDRESS 216 SKYWOOD DR
CITY- ST- ZIP VALRICO, FL 00000

TITLE ST
NAME INGE, RONALD E
STREET ADDRESS 14860 6MILE CYPRESS PKWY
CITY- ST- ZIP FT MYERS, FL 00000

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000182628
01/19/05-80035-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald E Inge 1/18/05 239-454-4889