

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # G63400

1. Entity Name
EDWARD CHARLES ASSOCIATES, INC.



Principal Place of Business

% EDWARD C. FORD
3750 GALT OCEAN DRIVE, #1411
FORT LAUDERDALE, FL 33308

Mailing Address

% EDWARD C. FORD
3750 GALT OCEAN DRIVE, #1411
FORT LAUDERDALE, FL 33308



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2328818

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FORD, EDWARD C
3750 GALT OCEAN DRIVE
SUITE 1411
FORT LAUDERDALE, FL 33308

**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 P
NAME FORD, EDWARD C
STREET ADDRESS 3750 GALT OCEAN DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE S
NAME CLANCY, SALLYANN
STREET ADDRESS 14 TANGLEWOOD LANE
CITY-ST-ZIP SEACLIFF, NY 11579

TITLE T
NAME FORD, EDWARD J
STREET ADDRESS 38 SCHOOLHOUSE LANE
CITY-ST-ZIP GREAT NECK, NY

TITLE V
NAME FORD, JOAN
STREET ADDRESS 3750 GALT OCEAN DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edward C Ford **EDWARD C FORD**

1-29-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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