FILED
Mar 09, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G63400

1. Entity Name
EDWARD CHARLES ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% EDWARD C. FORD 3750 GALT OCEAN DRIVE, #1411 FORT LAUDERDALE, FL 33308	% EDWARD C. FORD 3750 GALT OCEAN DRIVE, #1411 FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

03062006 No Chg-P CRZE034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when attesting to

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000452250
03/21/06-80028-015 150.00

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	

DO NOT WRITE 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 like empowered.

SIGNATURE: Edward C Ford 3-6-06 954-563-8630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #