

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00**  
**Secretary of State**

**DOCUMENT # G73295**

1. Entity Name  
**EDGEWATER GENERAL CONTRACTORS, INC.**



Principal Place of Business

11212 ALT. HWY. 98  
P.O. BOX 9399  
PANAMA CITY BEACH, FL 32407

Mailing Address

11212 ALT. HWY. 98  
P.O. BOX 9399  
PANAMA CITY BEACH, FL 32407



02162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2369585**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BURKE, LES  
303 MAGNOLIA AVENUE  
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 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	VD
NAME	NALL, J. WALLY
STREET ADDRESS	119 EUCLID AVE.
CITY- ST- ZIP	BIRMINGHAM, AL
TITLE	PD
NAME	HARRIS, J. DAVID
STREET ADDRESS	110 HAMILTON AVENUE
CITY- ST- ZIP	PANAMA CITY, FL
TITLE	SD
NAME	BURNHAM, WESLEY L
STREET ADDRESS	11212 FRONT BEACH ROAD
CITY- ST- ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/01/05-80019-017 150.00

**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)(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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. David Harris

Date

Daytime Phone #

2-28-05 850-2347252