2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G73295



FILED Mar 05, 2007 8:00 am Secretary of State

03-05-2007 90053 015 ***150.00

1. Entity Nam EDGEWA		NERAL CONTRAC	TORS, INC.									
Principal Plac 11212 ALT. P.O. BOX 93 PANAMA CIT	HWY. 98 99		Mailing Address 11212 ALT. HWY. 98 P.O. BOX 9399 PANAMA CITY BEACH, FL 32407				はりりたいらい Water Hall this main and their alen alen and their alen alen alen alen alen alen alen alen					
•) Clar	ess - No P.O. Box # ence Street	3. Mailing Address P.O. Box 9399 Suite, Apt. #, etc.			01312007	01312007 Chg-P CR2E034 (12/06)					
City & Stat Рапап	e na Cit	y Beach, FL	City & State Panama City Beach, I			F L 4. FEI Number 59-236	-			oplied For ot Applicable		
Zip 32407 Country Ba y			^{Zip} 32417	Cour Ba	itry a y	5. Certificate	of Status Desired		8.75 Add se Require			
	6. Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name							
BURKE, LES						Street Address (P.O. Box Number is Not Acceptable)						
PANAMA	CITY, FL	32401										
		· · · · · · · · · · · · · · · · · · ·			City			FL	Zip Cod	e		
	named entiti tions of regist	y submits this statement for lered agent.	the purpose of changing i	ts register	ed office or regi	stered agent, or bo	th, in the State of Flo	rida. I am far	miliar with,	and accept		
SIGNATURE	Signature, typed	or printed name offegistered agent a	nd title if applicable. (NC	TE: Registere	d Agent signature req	juired when reinstating)		DATE				
		FEE IS \$150.00 7 Fee will be \$550.0	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees						
10.	1.45	OFFICERS AND (11.		ADDITIONS	CHANGES TO OFFI					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NALL, J. \ 119 EUCL BIRMING	JID AVE.	□ Delete					ĺ	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, 110 HAMI PANAMA	LTON AVENUE	☐ Delete						Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M, WESLEY L ONT BEACH ROAD CITY, FL	☐ Delete					(Change	Addition		
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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.

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J. David Harris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07

(850)234-7252

Daytime Phone #