

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # G75188

1. Entity Name
EDGEWATER BEACH RESORT MANAGEMENT, INC.



Principal Place of Business
**11212 ALT HIGHWAY 98
PO BOX 9850
PANAMA CITY BEACH, FL 32407**

Mailing Address
**119 EUCLID AVENUE
BIRMINGHAM, AL 35213 US**



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2369578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURKE, LES
221 MCKENZIE AVE.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
NALL, WALLACE, JR.
119 EUCLID AVE.
BIRMINGHAM, ALABAMA 00000,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BURNHAM, WESLEY L., JR.
11212 ALT. HIGHWAY 98
PANAMA CITY BCH., FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RIPPS, HAROLD W. JR.
500 ROBERT JEMISON ROAD
BIRMINGHAM, AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MEISLER, H.A.
500 ROBERT JEMISON ROAD
BIRMINGHAM, AL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000023987
04/25/05-80141-005 150.00

**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.W. NALL, JR 4-18-05 (205) 879-7720

Date

Daytime Phone #