



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
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
--	---

DO NOT WRITE IN THIS SPACE



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2369578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

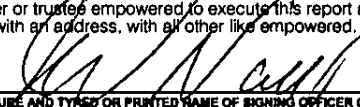
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NALL, WALLACE, JR. 119 EUCLID AVE. BIRMINGHAM, ALABAMA00000,
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	

U00000737613
05/11/07-80034-021 150.00

**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:  **4-19-07 (205)879-7720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #