

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90092 002 \*\*\*150.00

**DOCUMENT # H26003**

1. Entity Name

EDKO DEVELOPMENT, INC.



Principal Place of Business

1900 S OCEAN BLVD.  
APT 10-D  
POMPANO BEACH FL 33062

Mailing Address

1900 S OCEAN BLVD.  
APT 10-D  
POMPANO BEACH FL 33062

20020633



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1370 S. OCEAN BLVD.

Suite, Apt. #, etc.  
APT. 2803

City & State  
POMPANO BEACH FL

Zip  
33062

Country  
BROWARD

3. Mailing Address

1370 S. OCEAN BLVD.

Suite, Apt. #, etc.  
APT. 2803

City & State  
POMPANO BEACH FL 33062

Zip  
33062

Country  
BROWARD

4. FEI Number

59-2469687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, JAMES W.  
1900 S OCEAN BLVD.  
APT 10-D  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name EDWARDS JAMES W.

Street Address (P.O. Box Number is Not Acceptable)  
1370 S. OCEAN BLVD.

APT. 2803

City POMPANO BEACH

FL

Zip Code  
33062

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVPS ☐ Delete  
NAME EDWARDS, JAMES W  
STREET ADDRESS 1900 S OCEAN BLVD.  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVPS ☒ Change ☐ Addition  
NAME EDWARDS, JAMES W.  
STREET ADDRESS 1370 S. OCEAN BLVD, APT 2803  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James W. Edwards Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/05 954-783-4395