


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # H58833 1. Entity Name EDP, INC.	
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Principal Place of Business 1700 TAMIAMI TRAIL G-1 PORT CHARLOTTE, FL 33948 US	Mailing Address 1700 TAMIAMI TRAIL G-1 PORT CHARLOTTE, FL 33948 US
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01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2532034	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

DE PAIVA, ELIZABETH
 1700 TAMIAMI TRAIL
 PORT CHARLOTTE, FL 33948

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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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PT DEPAIVA, EDWARD 3418 DECK ST. PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS DEPAIVA, ELIZABETH 3418 DECK ST. PORT CHARLOTTE, FL
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 04/12/04-80041-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

SIGNATURE: Edward De Paiva Date: 4-8-04 Daytime Phone #: 941-627-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR