

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90076 015 ***150.00

DOCUMENT # H88039

1. Entity Name
EDWARD L. MYRICK TRANSFER INC.



Principal Place of Business
**STATE FARMERS MKT
1255 W ATLANTIC BLVD #15
POMPANO BCH, FL 33064 US**

Mailing Address
**4450 NE 31ST AVENUE
LIGHTHOUSE POINT, FL 33064**

50008136



01072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. # etc.

320

City & State

City & State

4. FEI Number
59-2615000

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYRICK, EDWARD L.
STATE FARMERS MARKET
ROOM 15 ADMINISTRATION BUILDING
POMPANO BEACH, FL 33060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity certifies its status 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]

1/12/05

Signature typed or printed name of registered agent and title (if applicable)

DATE Registered Agent agrees to provide services (if applicable)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Thus Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	☐ Delete
NAME	MYRICK, EDWARD L.	
STREET ADDRESS	4450 NE 31ST AVENUE	
CITY-STATE-ZIP	LIGHTHOUSE POINT, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-STATE-ZIP		

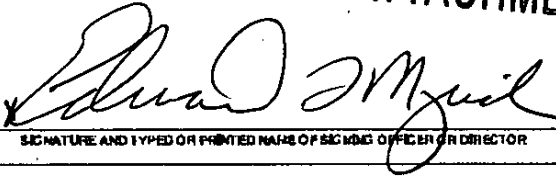
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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.

ATTACHMENT

H 88039
50008136

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-05

954-946-4991

DATE

BY (PRINT)