

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97153

FILED
Apr 14, 2009
Secretary of State

Entity Name: EDWARDS & ASSOCIATES, CPA, PA

Current Principal Place of Business:

4025 TAMPA ROAD, STE 1111
OLDSMAR, FL 34677 US

New Principal Place of Business:

301 WOODLANDS PARKWAY
SUITE 4
OLDSMAR, FL 346772033 US

Current Mailing Address:

P.O. BOX 642
OLDSMAR, FL 34677 US

New Mailing Address:

301 WOODLANDS PARKWAY
SUITE 4
OLDSMAR, FL 346772033 US

FEI Number: 59-2850369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, DOUGLAS F.
4025 TAMPA ROAD
STE 1111
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

EDWARDS, DOUGLAS F
301 WOODLANDS PARKWAY
STE 4
OLDSMAR, FL 346772033 US

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.

SIGNATURE: DOUGLAS F. EDWARDS

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDWARDS, DOUGLAS F.
Address: P.O.BOX 642
City-St-Zip: OLDSMAR, FL 34677 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EDWARDS, DOUGLAS F
Address: 301 WOODLANDS PARKWAY, SUITE 4
City-St-Zip: OLDSMAR, FL 346772033 US

Title: VP () Change (X) Addition
Name: EDWARDS, MARY ANN
Address: 301 WOODLANDS PARKWAY, SUITE 4
City-St-Zip: OLDSMAR, FL 346772033 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS F. EDWARDS

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date