

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 08:00 A**  
**Secretary of State**

<b>DOCUMENT # K23831</b>
<b>1. Entity Name</b> EDB CONSULTING GROUP INCORPORATED

<b>Principal Place of Business</b> 3221 TAMiami TRAIL SUITE E PORT CHARLOTTE, FL 33952 US	<b>Mailing Address</b> PO BOX 380633 MURDOCK, FL 33938-0633 US
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01112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 58-1901147	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  HEARN, JOHN J. 1202 NE 93 ST MIAMI SHORES, FL 33138
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**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	D
<b>NAME</b>	BROWN, EDNA M.
<b>STREET ADDRESS</b>	18066 AVONSDALE CIR
<b>CITY-ST-ZIP</b>	PORT CHARLOTTE, FL
<b>TITLE</b>	D
<b>NAME</b>	BROWN, DONALD B. JR
<b>STREET ADDRESS</b>	18066 AVONSDALE CIR
<b>CITY-ST-ZIP</b>	PORT CHARLOTTE, FL
<b>TITLE</b>	D
<b>NAME</b>	LUCK, ELIZABETH A
<b>STREET ADDRESS</b>	6013 GREENTREE ROAD
<b>CITY-ST-ZIP</b>	BETHESDA, MD 20817
<b>TITLE</b>	D
<b>NAME</b>	MIMS, ROBIN
<b>STREET ADDRESS</b>	12787 MISTY CREEK LANE
<b>CITY-ST-ZIP</b>	FAIRFAX, VA 22033
<b>TITLE</b>	D
<b>NAME</b>	BROWN, DOUGLAS A
<b>STREET ADDRESS</b>	167 GULFSIDE CIRCLE
<b>CITY-ST-ZIP</b>	SANFORD, FL 32278
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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01/15/04-80031-023 150.00

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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)(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:** Donald B. Brown Jr. **Donald B. Brown Jr.** 1/11/04 (941) 634-3527  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #