


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90201 010 \*\*\*150.00

<b>DOCUMENT # K45302</b> 1. Entity Name <b>EDGEWATER ESTATES, INC.</b>	
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Principal Place of Business <b>HOMBRE GOLF CLUB</b> <b>120 COYOTE</b> <b>PANAMA CITY BEACH, FL 32407 US</b>	Mailing Address <b>119 EUCLID AVE</b> <b>BIRMINGHAM, AL 35213 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04202006 Chg-P CR2E034 (11/05)

<b>6. Name and Address of Current Registered Agent</b>  <b>BURKE, LES W.</b> <b>221 MCKENZIE AVE</b> <b>PANAMA CITY, FL 32401</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNHAM, WESLEY L., JR.			NAME			
STREET ADDRESS	11212 W. ALT. HWY. 98			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BCH., FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NALL, J. WALLACE, JR.			NAME			
STREET ADDRESS	119 EUCLID AVE.			STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM, AL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIPPS, HAROLD W.			NAME			
STREET ADDRESS	500 ROBERT JEMISON			STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM, AL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEISLER, HERBERT A.			NAME			
STREET ADDRESS	500 ROBERT JEMISON RD.			STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM, AL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: J.W. NALL, JR. 4-24-06 (205)879-7720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #