

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90383 005 ***150.00

DOCUMENT # K60417

1. Entity Name

THOMAS L. EDWARDS, PROFESSIONAL ASSOCIATION



Principal Place of Business

703 N MAIN STREET
SUITE B
GAINESVILLE FL 32601
US

Mailing Address

703 N MAIN STREET
SUITE B
GAINESVILLE FL 32601
US

2. Principal Place of Business

4545 NW 8 Avenue

3. Mailing Address

4545 NW 8 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32605

Country

ALACHUA

Zip

32605

Country

ALACHUA

4. FEI Number

59-2931629

Applied For

Not Applicable

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

EDWARDS, THOMAS L.
703 N MAIN STREET
SUITE B
GAINESVILLE FL 32601
4545 NW 8 Avenue
32605

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME EDWARDS, THOMAS L.
STREET ADDRESS 703 N MAIN STREET SUITE B
CITY-ST-ZIP GAINESVILLE FL 32605
4545 NW 8 AVE

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

David C. Lee, Paralegal/Agent for
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2006 352-377-7800

Date

Daytime Phone #