

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90050 017 \*\*\*150.00

**DOCUMENT # K61000**

1. Entity Name

EDWARDS EXTERMINATING, INC.



Principal Place of Business

3535 NORTH US  
SUITE 102  
COCOA FL 32926

Mailing Address

3535 NORTH US  
SUITE 102  
COCOA FL 32926  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

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, GLENN I.  
4270 KNOXVILLE  
COCOA FL 32926

Name

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

4270 KNOXVILLE AVE

City

COCOA, FL

FL

Zip Code

32926

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME EDWARDS, GLENN I.  
STREET ADDRESS 467 CANAVERAL GROVES BLV  
CITY-ST-ZIP COCOA FL

TITLE SVP ☐ Delete  
NAME EDWARDS, LINDA M.  
STREET ADDRESS 467 CANAVERAL GROVES BV  
CITY-ST-ZIP COCOA FL

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

TITLE PRES ☒ Change ☐ Addition  
NAME GLENN I EDWARDS  
STREET ADDRESS 4270 KNOXVILLE AVE  
CITY-ST-ZIP COCOA, FL 32926

TITLE SUP ☒ Change ☐ Addition  
NAME LINDA M EDWARDS  
STREET ADDRESS 4270 KNOXVILLE AVE  
CITY-ST-ZIP COCOA, FL 32926

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GLENN I EDWARDS

PRES

2-10-04

321

632-6964