
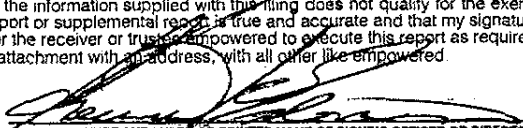


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L18934 1. Entity Name KEN EDWARDS, INC.		
Principal Place of Business 3215 W. CHEROKEE AVE. TAMPA, FL 33611	Mailing Address 3215 W. CHEROKEE AVE. TAMPA, FL 33611	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EDWARDS, KENNETH 3215 W. CHEROKEE AVE TAMPA, FL 33611		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, KENNETH 3215 W. CHEROKEE AVE. TAMPA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ONEILL, KATHLEEN 7001 INTERBAY BLVD LOT#205-D TAMPA, FL 33616	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-21-06 813-837-3627 <small>Date Daytime Phone #</small>



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2969536

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000531277
05/06/06-80029-021 150.00

**DO NOT WRITE
IN THIS SPACE**