


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000009117 1. Entity Name EDISON ART VILLAGE, INC.	
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Principal Place of Business 1412 WINKLER AVE FORT MYERS, FL 33901	Mailing Address 1412 WINKLER AVE APT. E FORT MYERS, FL 33901
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03112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3353781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Randolph, Michael D ESQ
2235 First Street
Fort Myers, FL 33901

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000950899
06/04/08-80010-013 61:25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT SAND, LOU B 1412 WINKLER AVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAND, LOU 1412 WINKLER AVENUE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D'ALESSANDRO, PETE C/O 2247 1ST ST FORT MYERS, FL 33901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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 #

4-21-08 2399393477