


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000005450 1. Entity Name EDISON INVENTORS ASSOCIATION, INCORPORATED	
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Principal Place of Business 9299 MOORING CIRCLE FT MYERS, FL 33912 US	Mailing Address P.O. BOX 07398 FT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE

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03252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0455261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NELSON, GARY H
9299 MOORING CIR
FORT MYERS, FL 33912**

**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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATTERS, WARREN PO BOX 478 PLACIDA, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITESIDE, THOMAS 950 MOODY RD 109 NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, GARY 9299 MOORING CIRCLE FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPOINTE, DENNIS 17757 US 19N STE 500 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVKO, JOE 5657 AVISTA DRIVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATHY, SOLICH 829 SW 15TH AVE CAPE CORAL, FL 33991

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03/30/05-80035-023 61.25

**DO NOT WRITE
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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 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: Gary Nelson 5/26/05 239-267-9746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR