

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90043 022 ****61.25

DOCUMENT # N93000005450 1. Entity Name EDISON INVENTORS ASSOCIATION, INCORPORATED					
Principal Place of Business 9299 MOORING CIRCLE FT MYERS, FL 33912 US			Mailing Address P.O. BOX 07398 FT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0455261	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NELSON, GARY H 9299 MOORING CIR FORT MYERS, FL 33912				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATTERS, WARREN <input checked="" type="checkbox"/> Delete PO BOX 478 PLACIDA, FL 33946				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITESIDE, THOMAS <input type="checkbox"/> Delete 950 MOODY RD 109 NORTH FORT MYERS, FL 33903				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, GARY <input type="checkbox"/> Delete 9299 MOORING CIRCLE FT MYERS, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERSHAW, THOMAS <input type="checkbox"/> Delete 5626 RIVERSIDE DRIVE CAPE CORAL, FL 33904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVKO, JOE <input type="checkbox"/> Delete 5657 AVISTA DRIVE SARASOTA, FL 34243				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATHY, SOLICH <input type="checkbox"/> Delete 829 SW 15TH AVE CAPE CORAL, FL 33991				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pam Leever <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2142 Woodland Blvd FT MYERS, FL 33907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>Gary H Nelson</i> <i>Gary H Nelson</i> <i>1/19/07</i> <i>235-267-9746</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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