## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jul 09, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N95000004 EDREN'S TABLE, INC.	1673					07-09-200	4 90009	018 ****/	0.00	
10451 NE 125 AVENUE PO			iling Address D BOX 186 RCHER, FL 32618				54061109				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			07062004	Chg-NP	CR2E0	37 (10/03)			
City & State		City & State				4. FEI Number NOT APP	LICABLE		· -	pplied For ot Applicable	
Zip	Country	Zip		Cor	intry	5. Certificate of	Status Desired	<u>r</u>	\$8.75 Add	fitional	
	6. Name and Address of Current	Registered A	gent	<u> </u>		7. Name and A	dress of New I	Registered	<u>.</u>		
	WILLIAM A., SR.				Name						
	125 AVENUE N, FL 32691				Street Addre	ess (P.O. Box Number i	s Not Acceptabl	le) 			
						<del></del>					
					City			FL	Zip Code	a *	
SIGNATURE .	tions of registered agent.										
<u> </u>	Signature, typed or printed name of registered agent					quired when reinstating)		DATE	<del></del>	<del>.</del>	
D	Filing Fee is \$61.25 ue by September 8, 2004		9. Election Ca Trust Fund	ımpaign F	inancing	\$5.00 May Be Added to Fees		Make chec	k payable to		
10.	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND DI		9. Election Ca Trust Fund	ampaign F Contribut	inancing ion.	\$5.00 May Be	Flo	Make chec rida Depa	tment of St	tate	
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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.