
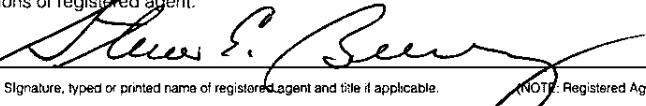


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90009 049 \*\*\*\*61.25

<b>DOCUMENT # N99000000837</b>			
1. Entity Name <b>ED-VENTURES INC.</b>			
Principal Place of Business <b>5203 SLIGH ROAD LAKELAND FL 33813</b>		Mailing Address <b>5203 SLIGH ROAD LAKELAND FL 33813</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>211 Kenneywood St</b> City & State <b>Lakeland, FL</b> Zip <b>33803</b> Country <b>USA</b>		3. Mailing Address Suite, Apt. #, etc. <b>211 Kenneywood St</b> City & State <b>Lakeland, FL</b> Zip <b>33803</b> Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>BELLAMY, STEVEN E 5203 SLIGH ROAD LAKELAND FL 33813</b>		7. Name and Address of New Registered Agent Name <b>Steven E. Bellamy</b> Street Address (P.O. Box Number is Not Acceptable) <b>211 Kenneywood St</b> City <b>Lakeland</b> FL Zip Code <b>33803</b>	
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  DATE <b>04/18/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EKAITIS, HARRY</b> <b>5490 HIGHLANDS VISTA CIR</b> <b>LAKELAND FL 33813</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCBRIDE, LYLE</b> <b>1511 E PRIVATE DR</b> <b>LAKELAND FL 33813</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, PAMELA</b> <b>5035 FAIRFAX DR E</b> <b>LAKELAND FL 33813</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRIDOVICH, MELODIE</b> <b>975 HANOVER WAY</b> <b>LAKELAND FL 33813</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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:**  **04/18/04 863-82-5262**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04030402



MOORE CR2E037 (11/03)

4. FEI Number **59-3577569** Applied For ☐ Not Applicable ☐

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