

**MAIL**  
**2006\*FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000029967**

1. Entity Name  
**EDRON FIXTURE CORP.**



Principal Place of Business

**3595 NW 125TH ST.  
MIAMI, FL 33167**

Mailing Address

**NO. 1 LEGGETT RD.  
CARTHAGE, MO 64836**

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**43-1888026**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GRIFFIN, ROBERT G  
NO. 1 LEGGETT RD.  
CARTHAGE, MO 64836**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
GLASSMAN, KARL G  
NO 1 LEGGETT ROAD  
CARTHAGE, MO 64836**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVS  
JETT, ERNEST C  
NO 1 LEGGETT RD.  
CARTHAGE, MO 64836**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
FLANIGAN, MATTHEW C  
NO. 1 LEGGETT RD.  
CARTHAGE, MO 64836**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
PURSER, KENNETH W  
NO 1 LEGGETT ROAD  
CARTHAGE, MO 64836**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MOSSBECK, SHERI L  
NO 1 LEGGETT ROAD  
CARTHAGE, MO 64836**

**U00000565383  
05/20/06-80129-012 150.00**

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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 607, 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 to the best of my knowledge and belief.

SIGNATURE:

**VICE PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/01/06 417-358-8131**  
Date Daytime Phone #