

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000067802

**FILED**  
**Oct 03, 2007**  
**Secretary of State**

**Entity Name:** EDGE BROTHERS CUSTOM PAINTING, INC.

**Current Principal Place of Business:**

643 MELTON RD  
BAKER, FL 32531

**New Principal Place of Business:**

**Current Mailing Address:**

643 MELTON RD  
BAKER, FL 32531

**New Mailing Address:**

**FEI Number:** 59-3658121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDUFFIE, MICHAEL S  
1502 SOUTH FERDON BLVD  
CRESTVIEW, FL 32536 US

**Name and Address of New Registered Agent:**

MCDUFFIE, MICHAEL S  
919 WEST JAMES LEE BLVD  
CRESTVIEW, FL 32536 US

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.

**SIGNATURE:** MICHAEL S MCDUFFIE

10/03/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EDGE, WILLIAM M  
Address: 643 MELTON RD  
City-St-Zip: BAKER, FL 32531

Title: SD ( ) Delete  
Name: EDGE, JEFFREY P  
Address: 643 MELTON RD  
City-St-Zip: BAKER, FL 32531

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WILLIAM M EDGE

PD

10/03/2007

Electronic Signature of Signing Officer or Director

Date