

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000067802

**FILED**  
**Feb 15, 2011**  
**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:**

623 MELTON RD  
BAKER, FL 32531

**Current Mailing Address:**

643 MELTON RD  
BAKER, FL 32531

**New Mailing Address:**

623 MELTON RD  
BAKER, FL 32531

**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  
919 WEST JAMES LEE BLVD  
CRESTVIEW, FL 32536 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** EDGE, WILLIAM M  
**Address:** 623 MELTON RD  
**City-St-Zip:** BAKER, FL 32531

**Title:** SD  
**Name:** EDGE, JEFFREY P  
**Address:** 623 MELTON RD  
**City-St-Zip:** BAKER, FL 32531

**Title:** VPD  
**Name:** KING, JEFF  
**Address:** 4600 WILKERSON BLUFF, LOT C  
**City-St-Zip:** HOLT, FL 32564

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM M. EDGE

PTD

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date