## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P00000086154**

Principal Place of Business

50 EGLIN PARKWAY NE FORT WALTON BEACH, FL 32548

GEORGE D. EDLUND, O.D., P.A.

Mailing Address

**50 EGLIN PARKWAY NE** 

FORT WALTON BEACH, FL 32548

## **FILED** Mar 24, 2005 8:00 am Secretary of State

03-24-2005 90027 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3669177

Applied For Not Applicable

5. Certificate of Status Desired -

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

I hereby certify that the information indicated on this report or supplem of the corporation or the receiver p changed, or on an attachment with

SIGNATURE:

of stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director by chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if

EDLUND, GEORGE D 50 EGLIN PARKWAY NE FORT WALTON BEACH, FL 32548			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the plions of registered agent.	urpose of changing its registe	ered office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registe	red Agent signature	required when reinstating)	DATE	•
	E NOW!!! FEE !S \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST EDLUND, GEORGE D POST OFFICE BOX 638 FORT WALTON BEACH, FL 32549					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4		DO	NOT WRITE	<u>c</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				÷		
TITLE NAME STREET ADDRESS City-St-zip						

EDWND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR