

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90007 044 ***150.00

DOCUMENT # P00000098263

1. Entity Name

EDGE REALTY INC.



Principal Place of Business

649 5TH AVENUE SOUTH
NAPLES FL 34102

Mailing Address

C/O GREGORY HAUCK
112 NOTTAWAY DRIVE
BLUE BELL PA 19422

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

112 NOTTOWAY DRIVE

Suite, Apt. #, etc.

City & State

City & State

BLUE BELL PA.

Zip

Country

Zip

19422

USA

4. FEI Number

59-3681699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONELLO, DAVID
649 5TH AVENUE SOUTH
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCKEE, EDWARD	
STREET ADDRESS	936 HEDGEROW COURT	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAUCK, GREGORY	
STREET ADDRESS	112 NOTTAWAY DR	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAUCK, ELIZABETH	
STREET ADDRESS	112 NOTTAWAY DR	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCKEE, DOROTHY	
STREET ADDRESS	936 HEDGEROW COURT	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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.

SIGNATURE: Gregory Hauck GREGORY HAUCK

1-23-04

215-591-4539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #