## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000060548

Entity Name: EDGE REALTY OF JACKSONVILLE, INC.

FILED Feb 28, 2005 Secretary of State

Current P	rincipal Place of Business:	New Principal I	New Principal Place of Business:	
12	ACH BLVD JVILLE, FL 32246			
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
10769 BEA	ACH BLVD			
12 JACKSON	IVILLE, FL 32246			
FEI Number	: 59-3715969 FEI Number Applied For ( )	FEI Number Not Applicable	( ) Certificate of Status Desired ( )	
Name and	d Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:	
525 BEAC	RONALD E CH AVENUE C BEACH, FL 32224 US			
	e named entity submits this statement for the p e of Florida.	urpose of changing its reg	istered office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	VP ( ) Delete DEGNAN, TINA 3709 PLANTERS CREEK CIRCLE WEST	Address: 3709	(X) Change ( ) Addition  NAN, TINA PLANTERS CREEK CIRCLE WEST	
City-St-Zip: Title: Name: Address: City-St-Zip:	JACKSONVILLE, FL 32224  P (X) Delete  MOORE, RONALD E 525 BEACH AVENUE  ATLANTIC BEACH, FL 32233	City-St-Zip: JACł Title: Name: Address: City-St-Zip:	(SONVILLE, FL 32224	
Title: Name: Address: City-St-Zip:	S ( ) Delete DEGNAN, TINA 3709 PLANTERS CREEK CIRCLE WEST JACKSONVILLE, FL 32224	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	T () Delete DEGNAN, TINA	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: TINA M DEGNAN P 02/28/2005

3709 PLANTERS CREEK CIRCLE WEST

JACKSONVILLE, FL 32224

Address:

City-St-Zip: