

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000095229

1. Entity Name
EDGEWATER TERRACE, INC.



Principal Place of Business
**3869 SO. NOVA ROAD
PORT ORANGE, FL 32127**

Mailing Address
**3018 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0561074

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, GEORGE C —
3018 SOUTH PENINSULA DRIVE
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000218231

02/07/05-00057-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GRANT, EDWARD R
STREET ADDRESS	873 HEWITT DR.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	STD
NAME	SCOTT, JIM C
STREET ADDRESS	1205 S. RIVERSIDE DR.
CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	PD
NAME	SCOTT, GEORGE C
STREET ADDRESS	3018 SOUTH PENINSULA DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9th 4-2005

386-
261-4884