

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000106515

Entity Name
WILL EDWARDS PROPERTIES, INC.



Principal Place of Business
17329 EMERALD CHASE DR
TAMPA, FL 33647

Mailing Address
17329 EMERALD CHASE DR
TAMPA, FL 33647



01182006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3754009

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, WILLIAM
17329 EMERALD CHASE DR
TAMPA, FL 33647

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| NAME | EDWARDS, WILLIAM |
| STREET ADDRESS | 17329 EMERALD CHASE DR. |
| CITY-ST-ZIP | TAMPA, FL 33647 |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/30/06-80049-023 150.00

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *William Edwards*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06

Date

813-615-0121

Daytime Phone #