

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90133 030 ***150.00

DOCUMENT # P02000107421

1. Entity Name

RYAN EDWARDS CONSTRUCTION, INC.



Principal Place of Business

2708 LIBERTY LANE
JACKSONVILLE BEACH FL 32250
US

Mailing Address

2708 LIBERTY LANE
JACKSONVILLE BEACH FL 32250
US

2. Principal Place of Business

25 Coquina Avenue

Suite, Apt. #, etc.

3. Mailing Address

25 Coquina Avenue

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

St. Augustine, FL

Zip
32080

Country

St. Johns

City & State

St. Augustine, FL

Zip
32080

Country

St. Johns

4. FEI Number

03-0486695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, RYAN M
2708 LIBERTY LANE
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name
Ryan M. Edwards
Street Address (P.O. Box Number is Not Acceptable)
25 Coquina Avenue
City
St. Augustine FL Zip Code
32080

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]
Signature, typed or printed name of registered agent and title if applicable.

Pres Ryan M. Edwards, President

2-28-05
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EDWARDS, RYAN M
2708 LIBERTY LANE
FLORIDA FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
EDWARDS, ANDREA L
2708 LIBERTY LANE
JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Ryan M. Edwards
25 Coquina Avenue
St. Augustine, FL 32080 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec
Andrea L. Edwards
25 Coquina Avenue
St. Augustine, FL 32080 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Andrea Edwards, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-05
Date

904-514-2708
Daytime Phone #