
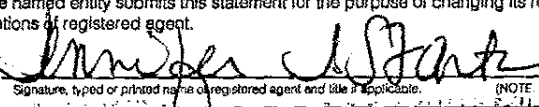
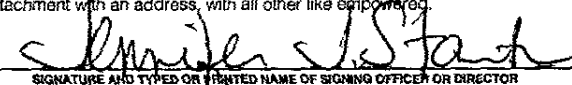


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000121263		
1. Entity Name HEDGES & EDGES, INC.		
Principal Place of Business 906 SW ST LUCIE WEST BLVD SUITE 125 PORT ST LUCIE, FL 34986-1766		Mailing Address 906 SW ST LUCIE WEST BLVD SUITE 125 PORT ST LUCIE, FL 34986-1766
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STANTON, JENNIFER 5945 NW WOLVERINE RD PORT SAINT LUCIE, FL 34986		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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANTON, JENNIFER 906 SW ST LUCIE WEST BLVD STE 125 PORT ST LUCIE, FL 349861766	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STANTON, PRESTON 906 SW ST LUCIE WEST BLVD STE 125 PORT ST LUCIE, FL 349861766	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/13/2004 <small>Date Daytime Phone #</small> (772) 871-5256



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0492189

Applied For
☒ Not Applicable

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

04/16/04-80045-023 150.00