

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121263

Entity Name: HEDGES & EDGES, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

906 SW ST LUCIE WEST BLVD
SUITE 125
PORT ST LUCIE, FL 349861766

New Principal Place of Business:

Current Mailing Address:

906 SW ST LUCIE WEST BLVD
SUITE 125
PORT ST LUCIE, FL 349861766

New Mailing Address:

FEI Number: 03-0492189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANTON, JENNIFER
5945 NW WOLVERINE RD
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STANTON, JENNIFER
Address: 906 SW ST LUCIE WEST BLVD STE 125
City-St-Zip: PORT ST LUCIE, FL 349861766

Title: D () Delete
Name: STANTON, PRESTON
Address: 906 SW ST LUCIE WEST BLVD STE 125
City-St-Zip: PORT ST LUCIE, FL 349861766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JENNIFER J. STANTON

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date