

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000128638

1. Entity Name
 ED'S WAREHOUSE, INC.



Principal Place of Business
 6530 NORTH MAIN STREET
 JACKSONVILLE, FL 32208

Mailing Address
 6530 NORTH MAIN STREET
 JACKSONVILLE, FL 32208



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 75-3090878

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YATES, HELEN S
 6530 NORTH MAIN STREET
 JACKSONVILLE, FL 32208

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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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YATES, WILEY E 1335 WILSON NECK ROAD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YATES, HELEN S 1335 WILSON NECK ROAD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YATES, WILEY E 1335 WILSON NECK ROAD YULEE, FL 32097
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 09/16/05-80001-012 150.00

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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:

Helen Yates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-05

Date

Daytime Phone #