

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000132105
 1. Entity Name
 EDEIS COMPANY, INC.



Principal Place of Business: 1506 W. 13TH STREET, SANFORD, FL 32771
 Mailing Address: 1506 W. 13TH STREET, SANFORD, FL 32771



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 51-0438462 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 IDEIS, AZMI M
 1506 W. 13TH STREET
 SANFORD, FL 32771

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	IDEIS, AZMI M
STREET ADDRESS	1043 ANDERSON STREET
CITY-STATE-ZIP	DELTONA, FL 32725
TITLE	VD
NAME	IDEIS, FARUK M
STREET ADDRESS	1220 SACRAMENTO STREET
CITY-STATE-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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 02/19/05-80027-003 150.00

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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)(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: Azmi M. Ideis 2.16.05 407-322-0682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #