

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
April 11, 2005 8:00 am
Secretary of State

03-16-2005 90041 019 ***150.00

DOCUMENT # P02000133433

1. Entity Name
NAN J. EDWARDS, INC.



Principal Place of Business
6000 62ND AVE N
PINELLAS PK, FL 33781

Mailing Address
6000 62ND AVE N
PINELLAS PK, FL 33781

50027460

2. Principal Place of Business
6491 62nd Street
Suite, Apt. #, etc.

3. Mailing Address
6491 62nd Street
Suite, Apt. #, etc.



02282005 Chg-P CR2E034 (10/03)

City & State
Pinellas Park, FL
Zip
33781
Country
USA

City & State
Pinellas Park, FL
Zip
33781
Country
USA

4. FEI Number
52-2391496
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, NANCY J
6000 62ND AVE N
PINELLAS PK, FL 33781

7. Name and Address of New Registered Agent

Nancy J. Edwards
Street Address (P.O. Box Number is the appropriate)
6491 62nd Street
City Pinellas Park, FL Zip Code 33781

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDWARDS, NANCY J			NAME	EDWARDS, NANCY J.		
STREET ADDRESS	6000 62ND AVE N			STREET ADDRESS	6491 62ND ST.		
CITY - ST - ZIP	PINELLAS PK, FL 33781			CITY - ST - ZIP	PINELLAS Park, FL 33781		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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)(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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05 727548288
Date Daytime Phone #