## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 06, 2006 08:00 AM Secretary of State DOCUMENT # P03000002024 1. Entity Name MR. ÉD'S, INC. Principal Place of Business Mailing Address 303 LAMBTON LANE **303 LAMBTON LANE** NAPLES, FL 34104 NAPLES, FL 34104 02012006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0536722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent HOLTON, EDWARD DO NOT WRITE 303 LAMBTON LANE NAPLES, FL 34104 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, typed or priviled name of registered eacht and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IMLE HOLTON, EDWARD NAME 303 LAMBTON LANE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 TITLE .000000421027 02/16/06-80020-022 150.00 NAME STREET ADDRESS CITY-ST-21P me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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 exemptions contained in Chapter 119, 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.

RESIDENT

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**