2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000024736

changed, or on an attachment with an address

1. Entity Name

ENVIRONMENTAL DYNAMICS ASSOCIATES OF



FILED

Mar 22, 2004 8:00 am Secretary of State FLAGLER COUNTY, INC. 03-22-2004 90026 020 ***158.75 Principal Place of Business Mailing Address 14 PARK-BRIVE PLACE P.O. BOX 352469 ORMOND BEACH, FL 32174 PALM COAST, FL 32135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 05.0556400 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARTSFIELD, BRUCE B SR. Street Address (P.O. Box Number is Not Acceptable) 14 PARK DRIVE ORMOND BEACH, FL 32174 Zip Code 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 lamillar 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PT ☐ Delete TITLE ☐ Addition HARTSFIELD, BRUCE B NAME NAME 14 PARK PLACE STREET ADDRESS 14 PARK DRIVE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-7IP ORMOND BEACH, FL 32174 ISE V.P. SEC. Delete TITLE Change Addition TITLE NAME WILCOX, DANIEL NAME JOSEPH DUNN 204 N. RAILROAD STREET 14 STONE QUARRY STREET ADDRESS STREET ADDRESS ORMOND BEACH PL 32174 BUNNELL, FL 32110 CRY-ST-ZIP CITY-ST-7IP and V.P. Delete Change TITLE TITLE Addition HARTS FIELD, BRUCE B., Jr. WILCOX, PEPI NAME NAME STREET ADDRESS 204 N. RAILROAD STREET STREET ADDRESS 1737 RALEIGH AVE HOLLY HILL, FL 32117 CITY-ST-ZIP BUNNELL, FL 32110 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CER OR DIRECTOR