

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90021 021 \*\*\*158.75

**DOCUMENT # P03000039213**

1. Entity Name  
**EDGEWORTH ASSOCIATES, INC.**



Principal Place of Business  
**447 COREY AVE.  
ST. PETERSBURG, FL 33706**

Mailing Address  
**447 COREY AVE.  
ST. PETERSBURG, FL 33706**

**94021030**

2. Principal Place of Business  
**1748 Independence Blvd  
Suite F-6**

3. Mailing Address  
**1748 Independence Blvd  
Suite F-6**



02242004 Chg-P CR2E034 (10/03)

City & State  
**SARASOTA, FL**  
Zip **34234** Country **USA**

City & State  
**SARASOTA, FL**  
Zip **34234** Country **USA**

4. FEI Number  
**38-3678033**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ENGEL, WILLARD  
447 COREY AVE.  
ST. PETERSBURG, FL 33706**

**7. Name and Address of New Registered Agent**

Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable) **1748 Independence Blvd # F-6**  
City **SARASOTA** FL Zip Code **34234**

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 **WILLARD ENGEL, PRES**

**2/24/04**

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  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **PD** ☐ Delete  
NAME **ENGEL, WILLARD**  
STREET ADDRESS **4961 BACOPA LANE SOUTH, #703B**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

TITLE **STD** ☐ Delete  
NAME **LANSING, DEBORAH**  
STREET ADDRESS **12301 BAY POINTE TERR.**  
CITY-ST-ZIP **CORTEZ, FL 34215**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☒ Change ☐ Addition  
TITLE  
NAME **7325 Chatsworth Ct**  
STREET ADDRESS **UNIVERSITY PARK, FL 34201**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **DEBORAH LANSING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/04 941-359-1728**

Date

Daytime Phone #