


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90001 022 ***150.00

DOCUMENT # P03000090499 1. Entity Name ED'S WORKSHOP, INC.					
Principal Place of Business 102 WINTER RIDGE LANE DAVENPORT, FL 33897 US			Mailing Address 102 WINTER RIDGE LANE DAVENPORT, FL 33897 US		
2. Principal Place of Business			3. Mailing Address P O BOX 136443		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State CLERMONT, FLORIDA		
Zip		Country		Zip 34713-6443	
Country USA		4. FEI Number 36-4537529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPARKS, EDWARD I 102 WINTER RIDGE LANE DAVENPORT, FL 33897				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE EDWARD I. SPARKS, PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> DATE JANUARY 12TH, 2004 </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SPARKS, EDWARD I 102 WINTER RIDGE LANE DAVENPORT, FL 33897	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPARKS, JUDITH A 102 WINTER RIDGE LANE DAVENPORT, FL 33897	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRSR SPARKS, EDWARD I 102 WINTER RIDGE LANE DAVENPORT, FL 33897	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECY SPARKS, EDWARD I 102 WINTER RIDGE LANE DAVENPORT, FL 33897	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: Edward I. Sparks January 12th, 2004 863 424-1250 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					