# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 17, 2004**
**Secretary of State**

DOCUMENT# P03000096007

**Entity Name:** MD EDWARDS, INC

**Current Principal Place of Business:**

7451 SAN RAMON
MILTON, FL 32583

**New Principal Place of Business:**

8820 BURNING TREE RD
PENSACOLA, FL 32514

**Current Mailing Address:**

7451 SAN RAMON
MILTON, FL 32583

**New Mailing Address:**

8820 BURNING TREE RD
PENSACOLA, FL 32514

**FEI Number: 57-1186732** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDWARDS, MICHAEL D
7451 SAN RAMON
MILTON, FL 32583

**Name and Address of New Registered Agent:**

EDWARDS, MICHAEL D
8820 BURNING TREE RD
PENSACOLA, FL 32514

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.

SIGNATURE: 08/17/2004
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: EDWARDS, MICHAEL D
Address: 7451 SAN RAMON
City-St-Zip: MILTON, FL 32583

Title: STD ( ) Delete
Name: EDWARDS, DEBRA L
Address: 7451 SAN RAMON
City-St-Zip: MILTON, FL 32583

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: EDWARDS, MICHAEL D
Address: 8820 BURNING TREE RD
City-St-Zip: PENSACOLA, FL 32514

Title: STD (X) Change ( ) Addition
Name: EDWARDS, DEBRA L
Address: 8820 BURNING TREE RD
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA L EDWARDS VP 08/17/2004
Electronic Signature of Signing Officer or Director — Date