2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 09, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P03000096890 1. Entity Name EDGEWATER RESIDENTIAL CONSTRUCTION, INC.							04-09-2008 90018 034 ***150.00				
Principal Place 10200 CLAR PANAMA CITY	ENCE STREE	ET	Mailing Address P. O. BOX 9399 PANAMA CITY BCH, FL 32407				. • Gries hill bokl bokk fokk		14 8 1 1811 3 18 14 88	KEET () (EE)	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04062008	Chg-P	CR2E	034 (12/06)		
City & State			City & State			4. FEI Number 14-189			No	plied For t Applicable	
Zip			Zip Count		try	· · ·	of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent	tered Agent Name			Address of New Ro	egistered	Agent		
WALTERS 221 MCKE PANAMA (NZIE AVE					ss (P.O. Box Numb	er is Not Acceptable)			
	•				City			FL	Zip Cod		
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 a the obligations of registered agent.										and accept	
SIGNATURE											
	Signature, typed	d or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requ	uired when reinstating)		DATE			
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 8 Fee will be \$550.	9. Election Campa Trust Fund Con	_		5.00 May Be Added to Fees					
10.	, v	OFFICERS AND		11.		ADDITIONS.	CHANGES TO OFF	CERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		J. DAVID DDLE BCH RD. CITY BCH, FL 32407	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	119 EUCI	WALLACE JR. LID AVE. BHAM, AL 35213	☐ Detete		i i				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11212 FR	.M, WESLEY L JR. RONT BCH RD. CITY BCH, FL 32407	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	IE EET ADDRESS '-ST-ZIP				☐ Change	Addition	
indicated of the cor	l on this repo rporation or t	ort or supplemental report i the receiver or trustee emp	h this filing does not qualify f s true and accurate and that lowered to execute this repor with all other like empowered	my signa t as requi	iture shall have t	he same legal effe 607, Florida Statut	ct as if made under o	oath; that I e appears	am an officer	or director	