



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000124152 1. Entity Name T.L. EDWARDS INC.	
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Principal Place of Business 19008 FALCONS PLACE TAMPA, FL 33647 US	Mailing Address 19008 FALCONS PLACE TAMPA, FL 33647 US
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DO NOT WRITE IN THIS SPACE

	
01122005 No Chg-P	CR2E034 (10/03)
4. FEI Number 41-2115559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDWARDS, TERRY L JR 19008 FALCONS PL TAMPA, FL 33647	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, TERRY L JR 19008 FALCONS PL TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, MARTIZA 4015 E 10 AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, DAVID 4015 E 10 AVE TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/21/05-80038-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	17 Jan 05	(813) 5051557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #