

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000124152	
1. Entity Name T.L. EDWARDS INC.	

Principal Place of Business 19008 FALCONS PLACE TAMPA FL 33647 US	Mailing Address 19008 FALCONS PLACE TAMPA FL 33647 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FE Number 41-2115559		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, TERRY L JR 19008 FALCONS PL TAMPA FL 33647		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

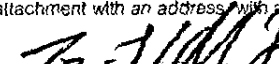
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add		
STREET ADDRESS	EDWARDS, TERRY L JR		STREET ADDRESS				
CITY-ST-ZIP	19008 FALCONS PL TAMPA FL 33647		CITY-ST-ZIP				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add		
STREET ADDRESS	ROMERO, MARTIZA		STREET ADDRESS				
CITY-ST-ZIP	4015 E 10 AVE TAMPA FL 33605		CITY-ST-ZIP				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add		
STREET ADDRESS	ROMERO, DAVID		STREET ADDRESS				
CITY-ST-ZIP	4015 E 10 AVE TAMPA FL 33605		CITY-ST-ZIP				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 or other like empowered.

SIGNATURE:  Terry L. EDWARDS JR. 30 Jan 06 (813) 505 15