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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

1st MOORE CR2E034 (10/05)

4. FEI 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 accep the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	EDWARDS, TERRY L JR	
STREET ADDRESS	19008 FALCONS PL	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	☐ Delete
NAME	ROMERO, MARTIZA	
STREET ADDRESS	4015 E 10 AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	☐ Delete
NAME	ROMERO, DAVID	
STREET ADDRESS	4015 E 10 AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS	U00000419336	
CITY-ST-ZIP	02/15/06--80003-019 150.00	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: [signature] Terry L Edwards JR 30 Jan 06 (813) 505 15