

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90565 026 ***150.00

DOCUMENT # P03000125879

1. Entity Name
EDW CONSTRUCTION SERVICES, INC.



Principal Place of Business
**5212 MICHIGAN AVENUE
SANFORD, FL 32771**

Mailing Address
**5212 MICHIGAN AVENUE
SANFORD, FL 32771**

2. Principal Place of Business
750 FAIRLAWN DR
Suite, Apt. #, etc.

3. Mailing Address
750 FAIRLAWN DR
Suite, Apt. #, etc.

City & State
ORANGE CITY FL
Zip **32763** Country **US**

City & State
ORANGE CITY FL
Zip **32763** Country **US**

04252005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0342203
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLEFORD, EDDIE
5212 MICHIGAN AVENUE
SANFORD, FL 32771**

7. Name and Address of New Registered Agent

Name **Eddie Willeford (same)**
Street Address (P.O. Box Number is Not Acceptable)
750 FAIRLAWN DRIVE
City **ORANGE CITY FL** Zip Code **32763**

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 **(same)**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WILLEFORD, EDDIE**
STREET ADDRESS **5212 MICHIGAN AVENUE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P/D** ☒ Change ☐ Addition
NAME **Eddie Willeford**
STREET ADDRESS **750 FAIRLAWN DRIVE**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-05 386-960-5128