## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## May 18, 2005 8:00 am Secretary of State DÖCUMENT # P03000151945 1. Entity Name 04-18-2005 90266 022 \*\*\*150.00 EDI'S TEA HOUSE AND MORE, INC. Principal Place of Business Mailing Address 751 PENSACOLA BCH BLVD UNIT 12A 751 PENSACOLA BCH BLVD UNIT 12A PENSACOLA FL 32561 PENSACOLA FL 32561 3. Mailing Address 2. Principal Place of Business 424E GOVERNMENT Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For 4. FEI Number ensacola Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ scamb Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATE, EDI M 751 PENSACOLA BCH BLVD UNIT 12A PENSACOLA BCH FL 32561 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. nd title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D TITLE ☐ Delete Change ☐ Addition NAME PATE, EDI M NAME BROE. Avery St. STREET ADDRESS 751 PENSACOLA BCH BLVD UNIT 12A STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32561 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIŢĮ Ę Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

SIGNING OFFICER OR DIRECTOR

Date

FILED