

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000153816

Entity Name: MICHAEL EDWARDS, P.A.

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10024 S. FEDERAL HWY  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

10006 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

P.O. BOX 7399  
PORT ST. LUCIE, FL 34985

**New Mailing Address:**

FEI Number: 20-0633372      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDWARDS, MICHAEL  
10024 S. FEDERAL HWY  
PORT ST. LUCIE, FL 34952      US

**Name and Address of New Registered Agent:**

EDWARDS, MICHAEL  
2802 S.W. BUENA VISTA DRIVE  
PALM CITY, FL 34990      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/26/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EDWARDS, MICHAEL  
Address: 2802 S.W. BUENA VISTA DRIVE  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL EDWARDS

P

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date