

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90036 011 ***150.00

DOCUMENT # P04000017142

1. Entity Name
EDWARD JORDAN CARPENTRY, INC.



Principal Place of Business
**2753 OLA BROXSON ROAD
NAVARRE, FL 32566 US**

Mailing Address
**2753 OLA BROXSON ROAD
NAVARRE, FL 32566 US**

50008029



2. Principal Place of Business

612 Cypress St.

3. Mailing Address

Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State

Mary Esther, FL

City & State

4. FEI Number

20 06 33730

Applied For

Not Applicable

Zip

32569

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**R. LANE LYNCHARD, P.A.
8285 NAVARRE PARKWAY
NAVARRE, FL 32566**

7. Name and Address of New Registered Agent

Name
Lynchard Law Firm, PA
Street Address (P.O. Box Number is Not Acceptable)
7552 Navarre Pkwy Ste. 9

City
Navarre

FL

Zip Code
32566

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

R. Lane Lynchard
Signature, typed or printed name of registered agent and title if applicable.

R. Lane Lynchard

(NOTE: Registered Agent signature required when reinstating)

1/20/05
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
PD ☐ Delete
NAME
JORDAN, EDWARD C
STREET ADDRESS
2753 OLA BROXSON ROAD
CITY-ST-ZIP
NAVARRE, FL 32566

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☒ Change ☐ Addition
NAME
Jordan, Edward C.
STREET ADDRESS
612 Cypress St. Apt. B
CITY-ST-ZIP
Mary Esther, FL 32569

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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: *Edward C. Jordan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 (850) 543-9574
Date Daytime Phone #