

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000020272

1. Entity Name  
EDGE SYSTEMS, INC.



Principal Place of Business

47 SE 5TH AVE  
BOCA RATON, FL 33483 US

Mailing Address

47 SE 5TH AVE  
BOCA RATON, FL 33483 US

**FILED**

**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07162008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0706314

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CURSONS, LEON V  
47 SE 5TH AVE  
BOCA RATON, FL 33483

**DO NOT WRITE  
IN THIS SPACE**

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

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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
CURSONS, LEON V  
47 SE 5TH AVE  
BOCA RATON, FL 33483

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000955849  
07/22/08-80009-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 another like empowered.

SIGNATURE:

*Leon V. Cursons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/08

Date

561-276-9100

Daytime Phone #