

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-21-2005 90127 013 ***150.00

DOCUMENT # P04000046926 1. Entity Name EDISON EBOOKS, INC.					
Principal Place of Business 606 SE 6 ST APT C CAPE CORAL, FL 33990			Mailing Address 606 SE 6 ST APT C CAPE CORAL, FL 33990		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01052005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0799282				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLMAN, SHELLEY 1342 COLONIAL BLVD UNIT K112 FT MYERS, FL 33907				7. Name and Address of New Registered Agent Name SAMUEL RODMAN Street Address (P.O. Box Number is Not Acceptable) 606 SE 6 ST. APT C City CAPE CORAL FL Zip Code 33990	
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 x <i>Sam Rodman</i> DATE x 3-17-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTVS RODMAN, SAMUEL 606 SE 6 ST APT C CAPE CORAL, FL 33990 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: x <i>Sam Rodman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date x 3-17-05 239-772 Daytime Phone		