

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000050683

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** EDMONDS, P.A.

**Current Principal Place of Business:**

5108 SW 20TH AVE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

1616-102 W CAPE CORAL PKWY  
PRIVATE MAIL BOX 151  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

EDMONDS, JOHN T  
1219 LAFAYETTE STREET  
CAPE CORAL, FL 33904 US

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

EDMONDS, JOHN T  
5108 SW 20TH AVE  
CAPE CORAL, FL 33914 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

04/30/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: EDMONDS, JOHN T ESQ.  
Address: 1616-102 W CAPE CORAL PKWY, PMB 151  
City-St-Zip: CAPE CORAL, FL 33914

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: JOHN T. EDMONDS

O

04/30/2012

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

\_\_\_\_\_  
Date