2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000106355

1. Entity Name
EDMA, INC. IV

Principal Place of Business	Mailing Address
4259 SOUTHSIDE BLVD JACKSONVILLE, FL 32216	3016 TOWER OAKS DR ORANGE PARK, FL 32065

DO NOT WRITE IN THIS SPACE

03132007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
68-0589942	Not Applicable

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

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD SUITE 201
JACKSONVILLE, FL 32207

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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 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000741187 05/15/07-80019-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUEVARA, EDUARDO H
STREET ADDRESS	3016 TOWER OAKS DR
CITY-ST-ZIP	ORANGE PARK, FL 32065

TITLE	D
NAME	GUEVARA, MARTA M
STREET ADDRESS	3016 TOWER OAKS DR
CITY-ST-ZIP	ORANGE PARK, FL 32065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: _____   3-13-07 (904) 406-5561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #