## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P04000127261**

1. Entity Name EDGEWOOD TV & VCR SERVICE, INC.



FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

845 S EDGEWOOD AVE JACKSONVILLE, FL 32205 Mailing Address

8642 OSPREY LANE JACKSONVILLE, FL 32217



02152006

No Chg-P

CR2E034 (11/05)

4. FEI Number 73-1718341 Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, RONNIE C 8642 OSPREY LANE JACKSONVILLE, FL 32217

CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

				114	THIS SPACE
8. The above the obligat	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registered	l office or	registered agent, or b	oth, in the State of Florida. I am familiar with, and ac
SIGNATURE.	Signature, typed or printed name of registered agent and title t	N applicable. (IVOTE: Registered A	ent signatur	e required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·	<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, GERALD L 8642 OSPREY LANE JACKSONVILLE, FL 32217				U00000555633 U5/16/06-80041-003 150,00
TITLE NAME STREET AOORESS CITY-ST-ZIP	D PATTERSON, RONNIE C 8642 OSPREY LANE JACKSONVILLE, FL 32217				00, 10, 00 00041 003 130,00
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TIFLE NAME STREET ADDRESS					

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 directly 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Land Clatterson Ronnie Clatterson 4-27-06 904.384-644