

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127261

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



FILED

08 JAN 02 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

845 S EDGEWOOD AVE
JACKSONVILLE, FL 32205

Mailing Address

8642 OSPREY LANE
JACKSONVILLE, FL 32217

[Handwritten Signature]



04132007 No Chg-P CR2E034 (11/05)

4. Filing Number
73-1718341

Applied For
Not Applicable

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

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 fee 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

10. OFFICERS AND DIRECTORS

TITLE D
NAME PATTERSON, GERALD L
STREET ADDRESS 8642 OSPREY LANE
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D
NAME PATTERSON, RONNIE C
STREET ADDRESS 8642 OSPREY LANE
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

500113389725
12/26/07--01004--006 **550.00

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: *Ronnie C Patterson* RONNIE C PATTERSON 12-19-07 904-384-6441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #