


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000142114 1. Entity Name THE DALE EDWARDS COMPANY	
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Principal Place of Business 3305 WOODY WAY TALLAHASSEE, FL 32309	Mailing Address 3305 WOODY WAY TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE

FILED

06 APR 26 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3729542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

QUICK, JUDITH H
3305 WOODY WAY
TALLAHASSEE, FL 32309

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUICK, JUDITH H 3305 WOODY WAY TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUICK, THOMAS E 3305 WOODY WAY TALLAHASSEE, FL 32309
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05/12/06--01009--020 **150.00

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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: Judith H. Quick Judith H. Quick 4/24/06 850-893-7765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #