## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 26, 2007 08:00 A **DOCUMENT # P04000142114** Secretary of State THE DALE EDWARDS COMPANY Principal Place of Business Mailing Address 3305 WOODY WAY 3305 WOODY WAY TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 01282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3729542 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUICK, JUDITH H DO NOT WRITE 3305 WOODY WAY TALLAHASSEE, FL 32309 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE QUICK, JUDITH H NAME STREET ADDRESS 3305 WOODY WAY TALLAHASSEE, FL 32309 CITY-ST-ZIP TITLE QUICK, THOMAS E STREET ADDRESS 3305 WOODY WAY U00000647952 TALLAHASSEE, FL 32309 CITY-ST-ZIP 03/06/07-80093-002 150.00 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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. 893-7765

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2123107

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