

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000078715

1. Entity Name
ELECTRONIC DISPLAY NETWORKS, INC.



Principal Place of Business

1306 EAST CERVANTES STREET
SUITE C
PENSACOLA, FL 32501

Mailing Address

1306 EAST CERVANTES STREET
SUITE C
PENSACOLA, FL 32501



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2918498

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHN PHARR CPA
1306 EAST CERVANTES STREET
SUITE C
PENSACOLA, FL 32501

**DO NOT WRITE
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.

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PHARR, JOHN T JR
STREET ADDRESS	1306 EAST CERVANTES STREET SUITE B
CITY-ST-ZIP	PENSACOLA, FL 32501

TITLE	VP
NAME	MARTIN, JEFFREY T
STREET ADDRESS	1306 EAST CERVANTES STREET SUITE B
CITY-ST-ZIP	PENSACOLA, FL 32501

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000737400
05/11/07-80026-014 150.00

**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 another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/07 8504708496
Daytime Phone #