


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90047 032 \*\*\*150.00

**DOCUMENT # P05000149497**

1. Entity Name  
**EDWARD M. CHADBOURNE, INC.**



Principal Place of Business      Mailing Address  
**17 W. CEDAR STREET**      **17 W. CEDAR STREET**  
**SUITE 3**      **SUITE 3**  
**PENSACOLA, FL 32502**      **PENSACOLA, FL 32502**

00004626



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01052007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
~~APPLICABLE~~ **20-3766113**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHADBOURNE, EDWARD M III**  
**17 W. CEDAR STREET**  
**SUITE 3**  
**PENSACOLA, FL 32502**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	CHADBOURNE, EDWARD M III	
STREET ADDRESS	17 W. CEDAR STREET #3	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHADBOURNE, EDWARD M JR.	
STREET ADDRESS	17 W. CEDAR STREET #3	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.

SIGNATURE: \_\_\_\_\_ Date: **3-6-07** Daytime Phone: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR