

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021100

FILED
Apr 29, 2008
Secretary of State

Entity Name: H L EDMONDS & SONS HOME IMPROVEMENTS, INC.

Current Principal Place of Business:

3072 WEST 16TH STREET, SUITE 2
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

3072 WEST 16TH STREET
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 41-2199170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDMONDS, HERMAN
3072 WEST 16TH STREET
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: EDMONDS, HERMAN
Address: 3072 WEST 16TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP () Delete
Name: MOORE, SHAKUR
Address: 1330 DUNN AVE #1008
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: BROWN, ALGERNON
Address: 6212 LENCZKY DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: S () Delete
Name: EDMONDS, SABRINA
Address: 3072 WEST 16TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP () Delete
Name: BROWN, PATRICE
Address: 4533 MARLBORO CIRCLE
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MOORE, SHAKUR
Address: 3072 WEST 16TH STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABRINA M. EDMONDS

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04/29/2008

Electronic Signature of Signing Officer or Director

Date