FILED Apr 17, 2008 08:00 A

Secretary of State 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P06000090274 EDWARD S CURRY III, INC. Principal Place of Business Mailing Address **5250 DAWN LN 5250 DAWN LN** HOLIDAY, FL 34690 HOLIDAY, FL 34690 02142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5208708 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURRY, EDWARD S III DO NOT WRITE 6107 ADAMS ST NEW PORT RICHEY, FL. 34652 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CURRY, EDWARD S III NAME STREET ADDRESS 5250 DAWN LN

CITY-ST-ZIP HOLIDAY, FL 34690 TITLE NAME

U00000902137 n4/29/08-80098-006 150.00

DO NOT WRITE IN THIS SPACE

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 affactment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

2.28

727.65