

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117001

Entity Name: SHAWN EDMONDSON, INC.

FILED  
Mar 02, 2007  
Secretary of State

## Current Principal Place of Business:

341 PEERLESS STREET  
LEHIGH ACRES, FL 33971

## New Principal Place of Business:

3410 71ST ST W  
LEHIGH ACRES, FL 33971

## Current Mailing Address:

341 PEERLESS STREET  
LEHIGH ACRES, FL 33971

## New Mailing Address:

3410 71ST ST W  
LEHIGH ACRES, FL 33971

FEI Number: 68-0633911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDMONDSON, SHAWN  
341 PEERLESS STREET  
LEHIGH ACRES, FL 33971 US

## Name and Address of New Registered Agent:

EDMONDSON, SHAWN  
3410 71ST ST W  
LEHIGH ACRES, FL 33971 US

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: SHAWN EDMONDSON

03/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EDMONDSON, SHAWN  
Address: 341 PEERLESS STREET  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: V ( ) Delete  
Name: LAWRENCE, MICHELLE  
Address: 13080 LDYLVILD RD  
City-St-Zip: FT MYERS, FL 33905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: EDMONDSON, SHAWN  
Address: 3410 71ST ST W  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: V (X) Change ( ) Addition  
Name: LAWRENCE, MICHELLE  
Address: 3410 71ST ST W  
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the 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: SHAWN EDMONDSON

P

03/02/2007

Electronic Signature of Signing Officer or Director

Date