


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000123248		
1. Entity Name EDMONSON EQUIPMENT, INC.		

FILED

07 MAY 29 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 202 WALLACE AVE., UNIT 12 LEHIGH ACRES, FL 33971	Mailing Address 202 WALLACE AVE., UNIT 12 LEHIGH ACRES, FL 33971
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2. Principal Place of Business - No P.O. Box # 5583 Lee St. Suite, Apt. #, etc. # 2 # 3	3. Mailing Address 5781 Lee Blvd Suite, Apt. #, etc. # 208-106
City & State Lehigh Acres, Florida	City & State Lehigh Acres, Florida
Zip 33971	Zip 33971
Country Lee	Country Lee

05222007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5613179	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD., #221E PALM BEACH GARDENS, FL 33410	
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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 nar the obli is 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	
SIGNA	Agent signature required when reinstating

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONSON, BERNARD 202 WALLACE AVE., UNIT 12 LEHIGH ACRES, FL 33971 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anna Maria Edmonson 5583 Lee St #2 #3 Lehigh Acres, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONSON, ELMER 202 WALLACE AVE., UNIT 12 LEHIGH ACRES, FL 33971 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brian Edmonson 5583 Lee St #2 #3 Lehigh Acres, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700104122977 06/08/07--01038--003 ***10.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.	
SIGNATURE: 	Date: 5/23/07 (239) 872-9567