


## 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**



2. Principal Place of Business - No P.O. Box #  
**5583 Lee St.**

3. Mailing Address  
**5781 Lee Blvd**

Suite, Apt. #, etc.  
**# 2 & 3**      Suite, Apt. #, etc.  
**# 208-106**

05222007    Chg-P    CR2E034 (12/06)

City & State  
**Lehigh Acres, Florida**

City & State  
**Lehigh Acres, Florida**

Zip  
**33971**      Country  
**Lee**

Zip  
**33971**      Country  
**Lee**

4. FEI Number  
**20-5613179**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD., #221E  
PALM BEACH GARDENS, FL 33410**

**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 name 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 the obligation.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent as applicable.

Agent signature required when reinstating: \_\_\_\_\_

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>EDMONSON, BERNARD</b><br><b>202 WALLACE AVE., UNIT 12</b><br><b>LEHIGH ACRES, FL 33971</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>EDMONSON, ELMER</b><br><b>202 WALLACE AVE., UNIT 12</b><br><b>LEHIGH ACRES, FL 33971</b> <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>President</b><br><b>Ana Maria Edmonson</b><br><b>5583 Lee St #2 &amp; 3</b><br><b>Lehigh Acres, FL 33971</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Vice President</b><br><b>Brian Edmonson</b><br><b>5583 Lee St #2 &amp; 3</b><br><b>Lehigh Acres, FL 33971</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>700104122977</b><br><b>06/08/07--01038--003 **10.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:** \_\_\_\_\_      **5/23/07**      **(239) 872-9567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #