


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90034 016 ***150.00

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| DOCUMENT # P07000109680 |  |
| 1. Entity Name THE EDMONDS COMPANY OF N FL, INC. | |

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| Principal Place of Business 9309 OLD KINGS ROAD SOUTH SUITE 1A JACKSONVILLE, FL 32251 US | Mailing Address 9309 OLD KINGS ROAD SOUTH SUITE 1A JACKSONVILLE, FL 32251 US |
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40070485



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|---|---|
| 2. Principal Place of Business - No P.O. Box # 9309 Old Kings Rd.S. | 3. Mailing Address 9309 Old Kings Rd.S. |
| Suite, Apt. #, etc. 1-A | Suite, Apt. #, etc. 1-A |

04012008 Chg-P CR2E034 (12/06)

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| City & State Jacksonville FL | City & State Jacksonville, FL |
| Zip 32257 | Country US |
| Zip 32257 | Country US |

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|------------------------------------|--|
| 4. FEI Number 26-1177379 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|---|
| 6. Name and Address of Current Registered Agent LEPRELL, SAMUEL L 1930 SAN MARCO BLVD. SUITE 201 JACKSONVILLE, FL 32207 | 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST EDMONDS, JAMES III 9309 OLD KINGS ROAD SOUTH # 1A JACKSONVILLE, FL 32251 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST Edmonds, James III 9309 Old Kings Rd. S. #1-A Jacksonville, FL 32257 <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 | Vice President Stephen L. Edmonds, Sr. 9309 Old Kings Rd. S. #1-A Jacksonville, FL 32257 <input type="checkbox"/> Change <input checked="" 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 |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/08 (904)737-9322
Date Daytime Phone #