## 2005 FØR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2005 08:00 AM Secretary of State

| 1. Entity Nam<br>EDI PRO  | PERTIES, INC.  |  |  |  | Secretary of State  |
|---|--|--|--|--|---|
| 1300 THOM   | ASWOOD DRIVE   | Mailing Address<br>1300 THOMASWOOD DRIVE<br>TALLAHASSEE, FL 32308  |  |  |   |
| E   | OO NOT WRITE I   |  | CE   | 02102005 No Chg-P  4. FEI Number 59-3198170  5. Certificate of Status Desire                               | CR2E034 (10/03)  Applied For Not Applicable S8.75 Additional Fee Required   |
| 6. Name and Address of Current Registered Agent GARDNER, CHARLES R 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308  |  |  | DO NOT WRITE<br>IN THIS SPACE  |  |   |
| 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 reinstalling)   DATE    FILE NOW!!! FEE IS \$150.00   9. Election Campaign Financing   \$5.00 May Be |  |  |  |  |   |
| 10.   | ay 1, 2005 Fee will be \$550.00  OFFICERS AND DIRE   |  | L Add  | ad to rees   |   |
| TITLE NAME SYREET ADDRESS CITY-ST-ZIP   | PSTD<br>GARDNER, CHARLES R<br>1300 THOMASWOOD DR.<br>TALLAHASSEE, FL 32308   | QTORS  |  | 00<br>   | 0000237170<br>/05-80047-025 150.00  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  | DO NOT   | WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | _  |  |  | IN THIS S  | SPACE   |
| Title<br>Name<br>Street Address<br>City-St-Zip  |  |  |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | ,  |  |   |
| 12. I hereby of indicated of the cor changed,   | pertify that the information supplied with the on this report or supplemental report is ade poration or the receiver or trustee empower or on an attachment with an address with a | if or does not qualify for the executed accurate and that my signal to execute this report as requisit other like empowered. | mption stated in Sector shall have the state of the state | ction 119.07(3)(i), Florida Statute<br>name legal effect as if made und<br>Florida Statutes; and that my n | as. I further certify that the information<br>er oath; that I am an officer or director<br>ame appears in Block 10 or Block 11 if |