2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # P93000085632 1. Entity Name GROUP EDISTO, INC.				Secretary of State			
Principal Place of Business Mailing Address				}			
5505 N ATL/		5505 N ATLANTIC AVE					
		- 1 -	US 	(}			
DO NOT WRITE IN THIS SPACE			ĈE	04282005	No Chg-P	CR2E034 (10	0/03)
L	O NOT WRITE I	N INIƏ ƏFA	CE	4. FEI Number 59-321			Applied For Not Applicable
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	5. Name and Address of Current Regi	stered Agent	the same and the s		TANK WANTED	. e	
5505 N AT 115	IPS, JACQUELINE LANTIC AVE EACH, FL 32931			NOT WI		- Pagena	
	named entity Submits this statement for the itons of registered agent. Signature, typed or pilinted name of registered agent and fill	_		·	th, in the State of Flor	ida. I am familia	r with, and accept
	Signature, typed or printed name or registered agent and but	e it applicable (NOTE Registers	ed Agont signature required	when reinstating)		DAIL	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DIRE	CTORS	- Seminate (, 1)		And the Property of the Angel		the second secon
TITLE Name	DP HARDING, NEAL	, <u>, , , , , , , , , , , , , , , , , , </u>			000001	0346498	
STREET ADDRESS	5505 N ATLANTIC AVE #115	1	04/30/05-80078-016 158.75				
CITY-ST-ZIP	COCOA BEACH, FL 32931	·				•	· · · · · · · · · · · · · · · · · · ·
TITLE	VST	•			in the second se	,	
NAME STREET ADDRESS	MC PHILLIPS, MICHAEL 5505 N ATLANTIC AVE #115		}				
CITY-ST-ZIP	COCOA BEACH, FL 32931		1				
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NAME STREET ADDRESS	KINCAID, JAMES 5505 N. ATLANTIC AVE., #115			BA	NOT W		
CITY-ST-ZIP	COCOA BEACH, FL 32931			DO	NOT W	HILE	
TITLE		***		-IN	THIS SP	ACE	
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CITY-ST-ZIP			1		* ***		44
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CITY-ST-ZIP			·		entrone or an ang	·-	
TITLE			,]	# = ·	Andrew Control of the		Commission of the
NAME STREET ADDRESS			1		, , , , , , , , , , , , , , , , , , ,		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
CITY-ST-ZIP			f				<u> </u>
12. I hereby a indicated of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	filing does not qualify for the exe and accurate and that my signated to execute this report as required to the rike ampowered.	emption stated in Se sture shalf have the lired by Chapter 60	ection 119.07(3)(same legal effec 7, Florida Statute	(i), Florida Statutes. I of as if made under or es; and that my name	further certify tha ath; that I am an appears in Bloc	at the information officer or director k 10 or Block 11 if