

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90021 020 \*\*\*158.75

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04082008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P93000085632</b> 1. Entity Name <b>GROUP EDISTO, INC.</b>					
Principal Place of Business <b>5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931 US</b>			Mailing Address <b>5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931 US</b>		
2. Principal Place of Business - No P.O. Box # <b>Atlantis Road</b>		3. Mailing Address <b>P O Box 321209</b>			
Suite, Apt. #, etc. <b>Suite 405-B</b>		Suite, Apt. #, etc. 			
City & State <b>Cape Canaveral, FL</b>		City & State <b>Cocoa Beach, FL</b>			
Zip <b>32920</b>		Country <b>USA</b>		Zip <b>32932-1209</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>KINCAID, JAMES 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>405-B ATLANTIS ROAD</b> City <b>CAPE CANAVERAL</b> <b>FL</b> Zip Code <b>32920</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP HARDING, NEAL 5505 N ATLANTIC AVE #108 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KINCAID, JAMES 5505 N. ATLANTIC AVE., #108 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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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"/> Delete				
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: <u>James Kincaid</u>		Date: <u>4/28/08</u>		Daytime Phone #: <u>321-799-4090</u>	