

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90007 049 ***150.00

DOCUMENT # P94000002330

1. Entity Name

EDGEWOOD SOUTH, INC.



Principal Place of Business

1187 EDGEWOOD AVE S
JACKSONVILLE FL 32205

Mailing Address

7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3260001

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

HEEKIN, T GEOFFREY
HEEKIN, MALIN & WENZEL, PA
ONE INDEPENDENT DR. SUITE 2200
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

DEVRY E. DEWAN CPA

Street Address (P.O. Box Number is Not Acceptable)

7006 ATLANTIC BLVD.

JACKSONVILLE FL 32211-8706

City

jacksonville

FL

Zip Code

32211-8706

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

[Signature]

CPA

4/30/07

Signature, typed or printed name of registered agent (not title) applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

☒ D
NAME: HEEKIN T GEOFFREY
STREET ADDRESS: ONE INDEPENDENT DR STE 2200
CITY-ST-ZIP: JACKSONVILLE FL 32202

TITLE: VPS
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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STREET ADDRESS:
CITY-ST-ZIP:
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ D
NAME: DEVRY DEWAN
STREET ADDRESS: 7006 ATLANTIC BLVD.
CITY-ST-ZIP: JACKSONVILLE FL 32211-8706
☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

[Signature]
DEVRY E. DEWAN

CPA

4/30/07

Date

904-725-2946

Daytime Phone #