


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000061073**

1. Entity Name  
 EDWARDS, COHEN, SANDERS, DAWSON & MANGU,  
 P.A.



Principal Place of Business 6 EAST BAY STREET 500 JACKSONVILLE, FL 32202 US	Mailing Address 6 EAST BAY STREET 500 JACKSONVILLE, FL 32202 US
--	--

**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3252937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

EDCOLAW INC  
 6 EAST BAY STREET  
 500  
 JACKSONVILLE, FL 32202

**DO NOT WRITE IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, DAVID J 6 EAST BAY STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT COHEN, DAVID 6 EAST BAY STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SANDERS, KARL J 6 EAST BAY STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAWSON, GREGORY M 6 EAST BAY STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANGU, JEAN M 6 EAST BAY STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000498148  
 04/22/06-80084-004 150.00

**DO NOT WRITE IN THIS SPACE**

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: DAVID COHEN, R.P. 4/4/06 904 673-7979