

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 08, 2004 08:00 AM  
Secretary of State

DOCUMENT # P94000068846

1. Entity Name  
CERTAIN TERMS, INC.



Principal Place of Business  
12821 MARSH POINTE WAY  
PALM BEACH GARDENS, FL 33418 US

Mailing Address  
12821 MARSH POINTE WAY  
PALM BEACH GARDENS, FL 33418 US

DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0517994

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

EDWARDS, HEIDI  
12821 MARSH POINTE WAY  
PALM BEACH GARDENS, FL 33418

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
V  
EDWARDS, HEIDI T.  
12821 MARSH POINTE WAY  
PALM BEACH GARDENS, FL 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
EDWARDS, BRIAN G  
12821 MARSH POINTE WAY  
PALM BEACH GARDENS, FL 33418

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000107011  
04/08/04-80039-017 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

2/26/04

Date

561 847-2502

Daytime Phone #