


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90232 006 \*\*\*150.00

**DOCUMENT # P95000021283**

1. Entity Name  
**L.G. EDWARDS INSURANCE AGENCY, INC.**



Principal Place of Business      Mailing Address  
 14111 7TH ST      P O BOX 1548  
 DADE CITY, FL 33525 US      DADE CITY, FL 33526-1548 US

**50020495**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02152005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3307254**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**EDWARDS, ROBIN ANN**  
**14111 7TH ST**  
**DADE CITY, FL 33525**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE      DP       Delete  
 NAME      EDWARDS, ROBIN ANN  
 STREET ADDRESS      14111 7TH ST  
 CITY-ST-ZIP      DADE CITY, FL

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      D       Delete  
 NAME      EDWARDS, JUDITH A  
 STREET ADDRESS      12750 LAKE JOVITA BLVD.  
 CITY-ST-ZIP      DADE CITY, FL 33525

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
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 STREET ADDRESS  
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TITLE       Change       Addition  
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TITLE       Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robin Ann Edwards      Robin Ann Edwards      2-25-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #