

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90257 044 ***158.75

DOCUMENT # P95000057869

1. Entity Name
EDIFICE DEVELOPMENT, INC.



Principal Place of Business
**933 LEE RD
SUITE 400L
ORLANDO, FL 32810**

Mailing Address
**933 LEE RD
SUITE 400L
ORLANDO, FL 32810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04262005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3347962

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT N JR
1121 N LAKE SYBELIA DR
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name

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

933 lee rd. Suite #400

City **Orlando**

FL

32810

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

Robert N. Johnson Jr.

04-26-05

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, 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 **P** ☐ Delete
NAME **JOHNSON, ROBERT N JR.**
STREET ADDRESS **1121 N LAKE SYBELIA DR**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **CEO** ☒ Change ☐ Addition
NAME **JOHNSON, ROBERT N JR.**
STREET ADDRESS **933 Lee Rd. Suite #400**
CITY-ST-ZIP **Orlando FL 32810**

TITLE **CO** ☐ Delete
NAME **JOHNSON, ROBERT N**
STREET ADDRESS **933 LEE RD SUITE 400**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P,S** ☐ Change ☒ Addition
NAME **Carolina Johnson**
STREET ADDRESS **933 Lee Rd. Suite #400**
CITY-ST-ZIP **Orlando FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
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)(i), 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:

Robert N. Johnson Jr.

04-26-05

407 629 2126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #