

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90046 010 ***150.00

DOCUMENT # P95000060125

1. Entity Name

DONALD W. EDWARDS, P.A.



Principal Place of Business

1333 S UNIVERSITY DR
SUITE 209
PLANTATION FL 33324

Mailing Address

1333 S UNIVERSITY DR
SUITE 209
PLANTATION FL 33324



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

1333 S. UNIVERSITY DR. 1333 S. UNIVERSITY DR.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 209 SUITE 209

Suite, Apt. #, etc.

SUITE 209

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33324

Country

BROWARD

Zip

33324

Country

BROWARD

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0600113

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, DONALD W
1333 S UNIVERSITY DR
SUITE 209
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

SAME AS CURRENT REG. AGENT

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

City

State

Zip Code

City

State

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

Donald W. Edwards

DONALD W. EDWARDS

01-18-07

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

(NOTE: Registered Agent signature required when resigning)

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

NAME	D	<input type="checkbox"/> Delete
NAME	EDWARDS, DONALD W	
STREET ADDRESS	1333 S UNIVERSITY DR, Suite 209	
CITY - ST - ZIP	PLANTATION FL 33324	
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: *Donald W. Edwards, P.A. - (PRESIDENT)* 01-18-07 (954) 577-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #