


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

|   |   |   |
|---|---|---|
| <b>DOCUMENT # P95000060125</b><br>1. Entity Name<br><b>DONALD W. EDWARDS, P.A.</b>      |   |  |
| Principal Place of Business<br>1333 S UNIVERSITY DR<br>SUITE 209<br>PLANTATION FL 33324 |   | Mailing Address<br>1333 S UNIVERSITY DR<br>SUITE 209<br>PLANTATION FL 33324       |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.               | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |
| City & State  |   | City & State  |
| Zip   | Country                                       | Zip   |
| Country   |   | Country   |

**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**



2nd MOORE CR2E034 (4/08)

|   |  |  |  |  |
|---|--|--|--|--|
| 4. FEI Number <b>65-0600113</b>   |  |  |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>EDWARDS, DONALD W<br>1333 S UNIVERSITY DR<br>SUITE 209<br>PLANTATION FL 33324 |  | <b>7. Name and Address of New Registered Agent</b><br>Name <u>n/a</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <u>FL</u> 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, PRESIDENT DATE: 07-28-08

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

|   |  |   |
|---|--|---|
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>DUE BY September 3, 2008</b><br><b>Make Check Payable to Florida Department of State</b> | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|---|

| 10. OFFICERS AND DIRECTORS |                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|----------------------------------|---|---|
| TITLE                      | D                                | TITLE   |   |
| NAME                       | EDWARDS, DONALD W                | NAME  |   |
| STREET ADDRESS             | 1333 S UNIVERSITY DRIVE, STE 209 | STREET ADDRESS  |   |
| CITY-ST-ZIP                | PLANTATION FL 33324              | CITY-ST-ZIP   | U00000957017<br>08/04/08-80004-022 150.00                         |
|                            | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                  | TITLE   |   |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                  | TITLE   |   |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                  | TITLE   |   |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |                                  | TITLE   |   |
| NAME                       |                                  | NAME  |   |
| STREET ADDRESS             |                                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                  | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Donald W. Edwards DATE: 07-28-08 (954)577-2820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #