

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067575

FILED
Feb 15, 2005
Secretary of State

Entity Name: BARRY D. EDWARDS & ASSOCIATES, INC.

Current Principal Place of Business:

2844 PROCTOR ROAD
SARASOTA, FL 34231 US

New Principal Place of Business:

5763 ROSIN WAY, SUITE ONE
SARASOTA, FL 34233 US

Current Mailing Address:

2844 PROCTOR RD
SARASOTA, FL 34231 US

New Mailing Address:

5763 ROSIN WAY, SUITE ONE
SARASOTA, FL 34233 US

FEI Number: 72-1048206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, GRACE P
2844 PROCTOR RD.
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

EDWARDS, GRACE P
5763 ROSIN WAY, SUITE ONE
SARASOTA, FL 34233 US

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.

SIGNATURE: GRACE P EDWARDS

02/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: EDWARDS, BARRY D
Address: 2844 PROCTOR RD.
City-St-Zip: SARASOTA, FL 34231

Title: VMDS () Delete
Name: EDWARDS, GRACE P
Address: 2844 PROCTOR RD.
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: EDWARDS, BARRY D
Address: 5763 ROSIN WAY, SUITE ONE
City-St-Zip: SARASOTA, FL 34233

Title: VMDS (X) Change () Addition
Name: EDWARDS, GRACE P
Address: 5763 ROSIN WAY, SUITE ONE
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE P. EDWARDS

VMDS

02/15/2005

Electronic Signature of Signing Officer or Director

Date