

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000049142

1. Entity Name
EDMONDSON PROFESSIONAL NURSING SERVICE, INC.



Principal Place of Business
2016 REBECCA DRIVE
CLEARWATER, FL 34624

Mailing Address
2016 REBECCA DRIVE
CLEARWATER, FL 33764 US



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3383359

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EDMONDSON, ELLEN
2016 REBECCA DRIVE
CLEARWATER, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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 *Ellen Edmondson*

(NOTE: Registered Agent signature required when retaking)

DATE

1/9/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME EDMONDSON, ELLEN
STREET ADDRESS 2016 REBECCA DRIVE
CITY-ST-ZIP CLEARWATER, FL 33764

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01/12/04-80029-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Ellen Edmondson Ellen Edmondson

Date

Daytime Phone #

1/9/04 727-447-083