## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 09, 2005 08:00 AM Secretary of State **DOCUMENT # P97000029274** 1. Entity Name ED GARCIA, INC. Principal Place of Business Mailing Address 149 GRANADA DRIVE 149 GRANADA DRIVE PALM SPRINGS, FL 33461 PALM SPRINGS, FL 33461 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0820984 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, HERIBERTO DO NOT WRITE 149 GRANADA DR. PALM SPRINGS, FL 33461 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. 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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HERIBERTO, GARCIA STREET ADDRESS 149 GRANADA DR. U00000295896 U4/09/05-80045-016 150.00 CITY-ST-ZIP PALM SPRING, FL 33461 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TOLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the supplemental report is required by Chapter 607, Florida Statutes. (161)

KTED NAME OF SIGNING O

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