


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000005675

1. Entity Name
SPEEDY EDWARDS MAINTENANCE, INC.



Principal Place of Business
**321 23RD AVE.
 APALACHICOLA, FL 32320**

Mailing Address
**PO BOX 275
 APALACHICOLA, FL 32329**

DO NOT WRITE IN THIS SPACE



02252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3487452

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, TILTON H
 321 23RD AVE.
 APALACHICOLA, FL 32320**

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

**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 NAME STREET ADDRESS CITY - ST - ZIP	PDT EDWARDS, TILTON H 321 23RD AVE. APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS EDWARDS, FLORA L 321 23RD AVE. APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TIPTON, DENNIS T 340 24TH AVENUE APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURNSTEIN, DESTRY 340 - 24TH AVE. APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000075286
 03/03/04-80053-029 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tilton H Edwards **2/22/04** **850 653 2090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TILTON H. EDWARDS, PRESIDENT