


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90126 040 ***150.00

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
--	---

50029788



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3487452	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent EDWARDS, TILTON H 321 23RD AVE. APALACHICOLA, FL 32320

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 _____ (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 Trust Fund Contribution. <input type="checkbox"/>	\$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	

DO NOT WRITE 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)(l), 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. Glomb 03-18-05 Date 850-653-8090 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR