## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 09, 2004 08:00 AM Secretary of State **DOCUMENT # P98000027400** 1. Entity Name B & G EDWARDS REAL ESTATE INVESTMENTS, INC. Principal Place of Business Mailing Address 2844 PROCTOR RD. 2844 PROCTOR RD. SARASOTA, FL 34231 SARASOTA, FL 34231 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0821812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \$. Name and Address of Current Registered Agent PATANE EDWARDS, GRACE DO NOT WRITE 2844 PROCTOR RD. SARASOTA, FL 34231 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) 9. Election Campaign Financing \$5.00 May Be File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. BILE EDWARDS, GRACE P NAME STREET ADDRESS 2844 PROCTOR RD. COY-ST-ZP SARASOTA, FL 34231 TITLE NALÆ EDWARDS, BARRY D 2844 PROCTOR RD. STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP U00000001473 TITLE 01/12/04-90011-008 150.00 NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE RRF NAME STREET ADDRESS CETY+ST-ZEP TITLE NAME STREET ADDRESS CSTY-ST-ZIP स्त्रा ह

12. I hereby certify that the information supplied with this filling 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, Rorlda Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

GNING OFFICER OR DIRECTOR

SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIG

NAME STREET ADDRESS CITY-ST-ZIP

1/06/2004 94/ 921-1023

Grace P. Edwards