

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000042015

1. Entity Name
EDM PROPERTIES, INC.



Principal Place of Business
**9966 52ND TERRACE N
ST. PETERSBURG, FL 33708**

Mailing Address
**POST OFFICE BOX 8827
MADEIRA BEACH, FL 33738-8827**

FILED
Jan 23, 2008 08:00 AM
Secretary of State



01162008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3527324

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VARDY, HAROLD C
8600 113TH ST N
SEMINOLE, FL 33772**

**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 _____

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, 2008 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	P MCLEAN, EDWARD P 9966 52ND TERRACE N ST. PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONARD, SCOTT W 15548 REDINGTON DRIVE REDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONARD, ANN L 15548 REDINGTON DR REDINGTON BEACH, FL 33708
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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 exemptions contained in Chapter 119, 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:

Edward McLean **EDWARD MCLEAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08 **(727) 398-7948**

Date

Daytime Phone #