

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90025 050 ***150.00

DOCUMENT # P98000066680

1. Entity Name
**THE EDGEWATER CORPORATION OF TALLAHASSEE
INC.**



Principal Place of Business
**226 NORTH DUVAL STREET
TALLAHASSEE, FL 32301 US**

Mailing Address
**2282 KILLEARN CENTER BLVD
TALLAHASSEE, FL 32309 US**

24043601

2. Principal Place of Business

3. Mailing Address

1701 HERMITAGE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 202

04052004

Chg-P

CR2E034 (10/03)

City & State

City & State

TALLAHASSEE FL

4. FEI Number

59-3528221

Applied For

Not Applicable

Zip

Country

Zip

32308

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUDNICK, JAMES M
226 N DUVAL ST
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RUDNICK, JAMES M**
STREET ADDRESS **226 N DUVAL ST**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PARRISH, ROBERT**
STREET ADDRESS **2282-A KILLEARN CENTER BLVD**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1701 HERMITAGE BLVD. SUITE 202**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

894.3330

Daytime Phone #