2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000103299

1. Entity Name
R. EDWARDS CONST. CO.

Principal Place of Business	Mailing Address
100 SOUTH US 129 BELL, FL 32619	100 SOUTH US 129 BELL, FL 32619

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3547671

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, R
100 SOUTH US 129
BELL, FL 32619

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 _____ 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

U00000089822
03/16/04-80004-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	EDWARDS, R D
STREET ADDRESS	100 S. US 129
CITY ST ZIP	BELL, FL 32619
TITLE	STD
NAME	EDWARDS, KATHLEEN M
STREET ADDRESS	100 S. US 129
CITY ST ZIP	BELL, FL 32619
TITLE	P
NAME	EDWARDS, JAMES
STREET ADDRESS	2400 N. W. 25TH ST.
CITY ST ZIP	BELL, FL 32619
TITLE	VP
NAME	EDWARDS, R D JR
STREET ADDRESS	2859 N. W. 29TH TERR.
CITY ST ZIP	BELL, FL 32619
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)(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: Kathleen McEdwards DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR