2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 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

01072006 No Chg-P CR2E034 (11/05)

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

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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 _____

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	

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01/11/06-80026-004 150.00

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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: Kathleen M Edwards KATHLEEN M. EDWARDS 1/7/06 352-463-6276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR