

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000103299**

1. Entity Name  
**R. EDWARDS CONST. CO.**



Principal Place of Business

**100 SOUTH US 129  
BELL, FL 32619**

Mailing Address

**100 SOUTH US 129  
BELL, FL 32619**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**59-3547671**

Approved 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 \_\_\_\_\_

Signature, location and address of registered agent and title. (See chart.)

NOTE: Registered Agent signature required with registration.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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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01/11/07-80062-012 150.00

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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:** *Kathleen M Edwards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-08-07 352-463-6276*  
Date Typed Phone #

*KATHLEEN M. EDWARDS*