2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104246

Entity Name: EDF COMPANY INC

Name:

Address: City-St-Zip: CARTER, JAMES W

8390 CURRENCY DRIVE

RIVIERA BEACH, FL 33404 US

FILED Feb 11, 2009 Secretary of State

Littly Nan	ie. EDF CON	FANT INC				
Current Principal Place of Business:			New	New Principal Place of Business:		
8390 CURRENCY DRIVE STE 4 RIVIERA BEACH, FL 33404 US			SUIT) CURRENCY DRIVE FE #4 ERA BEACH, FL 3340	4 US	
Current Mailing Address:				New Mailing Address:		
8390 CURRENCY DRIVE STE 4 RIVIERA BEACH, FL 33404 US			SUIT) CURRENCY DRIVE E #4 ERA BEACH, FL 3340	4 US	
FEI Number:	65-0899963	FEI Number Applied For ()	FEI Number N	lot Applicable ()	Pertificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CARTER, ROBERT W 8390 CURRENCY DRIVE STE 4 RIVIERA BEACH, FL 33404 US				STAUFFER, BECKY L 8390 CURRENCY DRIVE SUITE #4 RIVIERA BEACH, FL 33404 US		
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.						
SIGNATURE: BECKY L STAUFFER				02/11/2009		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TD () CARTER, ROBE 8390 CURRENC RIVIERA BEACH	Y DRIVE # 4	Title: Name Addre City-S	::	nange()Addition	
Title: Name: Address: City-St-Zip:	STAUFFER, BE	Delete CKY L EACH, FL 33411 US	Title: Name Addre City-S	e: ess:	nange()Addition	
Title:	SD ()	Delete	Title:	() Cl	nange()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BECKY L STAUFFER PRES 02/11/2009