

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000042408

1. Entity Name
**EDGEWATER CONSULTANTS OF SOUTHWEST
FLORIDA, INC.**



Principal Place of Business
**808 NOKOMIS AVENUE SOUTH
VENICE, FL 34285**

Mailing Address
**808 NOKOMIS AVENUE SOUTH
VENICE, FL 34285**



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0908084 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BIGGE, ROBERT J JR
315 NE 3RD AVENUE
SUITE 100
FT LAUDERDALE, FL 33301**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

U000000113058
04/14/04-90049-016 152.75

10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|---------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BIGGE, WILLIAM 808 NOKOMIS AVE S VENICE, FL 34285 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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)(f), 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: W.B. Bigge **W.B. BIGGE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/04 941-412-0443