

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043533

FILED  
Jan 15, 2004  
Secretary of State

Entity Name: IAN EDMONSON, P.A.

## Current Principal Place of Business:

432 MUIRFIELD DR  
ATLANTIS, FL 33462

## New Principal Place of Business:

## Current Mailing Address:

432 MUIRFIELD DR  
ATLANTIS, FL 33462

## New Mailing Address:

FEI Number: 65-0919032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULLIN, JAMES G  
2263 N.W. BOCA RATON BLVD.  
SUITE 205  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EDMONSON, IAN  
Address: 7064 DAVIT CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete  
Name: EDMONSON, MARY J  
Address: 7064 DAVIT CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: EDMONSON, IAN K  
Address: 432 MUIRFIELD DRIVE  
City-St-Zip: ATLANTIS, FL 33462

Title: D (X) Change ( ) Addition  
Name: EDMONSON, MARY J  
Address: 432 MUIRFIELD DRIVE  
City-St-Zip: ATLANTIS, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: IAN K. EDMONSON

PRES

01/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date