## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P9900045226

1. Entity Name EDM INVESTMENTS, INC.



Mailing Address

DO NOT WRITE IN THIS SPACE

102 LIVE OAKS BLVD., BLDG. #1 CASSELBERRY, FL 32707

Principal Place of Business

1418 VALLEY PINE CIR. APOPKA, FL 32712

## FILED Jan 20, 2004 08:00 AM Secretary of State



01152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3577253

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MUNROE, KEVIN 32 N. KIRKMAN RD. ORLANDO, FL 32811

## DO NOT WRITE IN THIS SPACE

| ORLANDO, FL 32811   |  |   |                         | IN THIS SPACE                  |  |  |
|---|--|---|-------------------------|--------------------------------|--|--|
| 8. The above the obligati   | named entity submits this statement for the prons of registered agent.                   | urpose of changing its regi                             | stered office or re     | egistered agent, or bo         | th, in the State of Florida. I am familiar with, and accept  |  |
| SIGNATURE_  | Signature, typed or printed name of registered agent and title if                        | applicable (NOTE Reg                                    | Istered Agent signature | required when reinstating)     | DAYE   |  |
| FILE NOWIII FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 |  | 9. Election Campaign Financing Trust Fund Contribution. |                         | \$5.00 May Be<br>Added to Fees |  |  |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                         | OFFICERS AND DIRECT<br>PST<br>SALEM, EILEEN<br>1418 VALLEY PINE CIR.<br>APOPKA, FL 32712 | тонь  |                         | e e e                          | U000000000900<br>01/20/04-80001-020 150.00                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | •   |                         |                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |   |                         | DO NOT WRITE                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |   |                         | IN '                           | THIS SPACE   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |   |                         |                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |   |                         |                                |  |  |
| 40 Ibecoby  | agetifuthat the information econolice with this fi                                       | ling done not qualify for the                           | avamntian etata         | rich Section 119 07/3          | (Vi) Florida Statutes I further certifu that the information |  |

2. Thereby certify that the information supplied with this fifting does not qualify for the exemption stated in Section 1.3507(3)(i), Florida Statules, I further certify that the information indicated on this report is rule 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 frustee 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:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14 /3004/ (407) 531-336