


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90015 048 ***158.75

DOCUMENT # P99000072567	
1. Entity Name EDGEWATER MARKETING ASSOCIATES, INC.	

Principal Place of Business 1007 BAY ESPLANADE CLEARWATER BEACH, FL 33767	Mailing Address 1007 BAY ESPLANADE CLEARWATER BEACH, FL 33767
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40001203



01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business 18530 GULF BLVD	3. Mailing Address 18530 GULF BLVD
Suite, Apt. #, etc. # 3	Suite, Apt. #, etc. # 3
City & State INDIAN SHORES, FL	City & State INDIAN SHORES, FL
Zip 33785	Country USA
Zip 33785	Country USA

4. FEI Number 77-0294805	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 ENGEL, THOMAS 1007 BAY ESPLANADE CLEARWATER BEACH, FL 33767	
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7. Name and Address of New Registered Agent Name 18530 GULF BLVD, #3 City INDIAN SHORES FL Zip Code 33785	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ENGEL, THOMAS R 1007 BAY ESPLANADE CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18530 GULF BLVD, #3 INDIAN SHORES FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ENGEL, JANE F 1007 BAY ESPLANADE CLEARWATER, FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18530 GULF BLVD, #3 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 an other like empowered.

SIGNATURE: THOMAS R. ENGEL 1/15/05 727-424-8182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #