


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000083835
 1. Entity Name
 CYNTHIA M. EDWARDS, P.A.



Principal Place of Business 4531 SW 6TH PLACE CAPE CORAL, FL 33914	Mailing Address 4531 SW 6TH PLACE CAPE CORAL, FL 33914
--	--

DO NOT WRITE IN THIS SPACE



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0949910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, CYNTHIA M
 4531 SW 6TH PLACE
 CAPE CORAL, FL 33914

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EDWARDS, CYNTHIA M 4531 SW 6TH PLACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

--- 000000296222
 04/09/05-80057-022 150.00

DO NOT WRITE 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)(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 all other like empowered.

SIGNATURE: *Cynthia M Edwards* **4/5/05 (239) 549-0531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #