


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90035 049 ***150.00

| | | | | | |
|---|--|---------|--|---|--|
| DOCUMENT # S29001 1. Entity Name EDGE INFORMATION MANAGEMENT, INC. | | | |  | |
| Principal Place of Business 1901 S. HARBOR CITY BLVD. SUITE 401 MELBOURNE FL 32901 US | | | Mailing Address 1901 S HARBOR CITY BLVD STE #400 MELBOURNE FL 32901 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BRACKETT, ROBERT A 1901 S HARBOR CITY BLVD STE #400 MELBOURNE FL 32901 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 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) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRACKETT, ROBERT L. | | NAME | | |
| STREET ADDRESS | 2066 14TH AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | VERO BEACH FL | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHAFFIOT, ROBERT R., SR. | | NAME | | |
| STREET ADDRESS | 8 RIVER RIDGE DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE FL | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HANENBURG, DONALD T. | | NAME | | |
| STREET ADDRESS | 1901 S HARBOR CITY BLVD STE 400 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | | CITY-ST-ZIP | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BODENHEIMER, DAVID | | NAME | | |
| STREET ADDRESS | 424 OAK RIDGE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | | CITY-ST-ZIP | | |
| TITLE | SD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHAFFIOT, MARK | | NAME | | |
| STREET ADDRESS | 9 RIVER RIDGE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | | CITY-ST-ZIP | | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRACKETT, ROBERT A. | | NAME | | |
| STREET ADDRESS | 2066 14TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | | CITY-ST-ZIP | | |
| 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: _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |