

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90046 014 \*\*\*150.00

**DOCUMENT # S36616**

1. Entity Name

R.K. EDWARDS, INC.



Principal Place of Business

700 S. MILWEE  
LONGWOOD FL 32750  
US

Mailing Address

700 S. MILWEE  
LONGWOOD FL 32750  
US

*Moved June 1, 06*



2. Principal Place of Business

1967 Corporate Square  
Suite, Apt. #, etc.

Ste; 111

3. Mailing Address

1967 Corporate Square  
Suite, Apt. #, etc.

Ste; 111

1st MOORE

CR2E034 (10/05)

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3073523

Applied For

Not Applicable

Zip

32750

Country

Seminole

Zip

32750

Country

Seminole

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, RONALD W.  
404 VALENCIA COURT  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD  
NAME EDWARDS, KENNETH L. ☐ Delete  
STREET ADDRESS 430 E. GEORGIA AVE  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE PD  
NAME EDWARDS, RONALD W. ☐ Delete  
STREET ADDRESS 404 VALENCIA COURT  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ST  
NAME EDWARDS, LINDA ☐ Delete  
STREET ADDRESS 404 VALENCIA COURT  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ken Edwards*

Date

2-7-2006

Daytime Phone #