


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90040 044 \*\*\*150.00

<b>DOCUMENT # S61607</b>			
1. Entity Name <b>EDWARDS INVESTMENTS OF MANATEE COUNTY, INC.</b>			
Principal Place of Business <b>1225 9TH STREET WEST BRADENTON, FL 34205</b>		Mailing Address <b>1225 9TH STREET WEST BRADENTON, FL 34205</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0275242</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CUNNINGHAM, PATRICK R.</b> <b>3008 MANATEE AVENUE WEST</b> <b>BRADENTON, FL 34205</b>		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) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	EDWARDS, WILLIAM H. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, WILLIAM H.	NAME	
STREET ADDRESS	217 66TH AVE DR WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL	CITY-ST-ZIP	
TITLE: VPD	EDWARDS, A. R. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, A. R.	NAME	
STREET ADDRESS	908 59TH ST. N.W.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL	CITY-ST-ZIP	
TITLE: DS	EDWARDS, ALICE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, ALICE	NAME	
STREET ADDRESS	908 59TH ST. N.W.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL	CITY-ST-ZIP	
TITLE: TD	KING, LARRY D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LARRY D	NAME	
STREET ADDRESS	4620 RIVERVIEW BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL	CITY-ST-ZIP	
TITLE: D	KING, LARRY D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LARRY D.	NAME	
STREET ADDRESS	4620 RIVERVIEW BLVD	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>William H. Edwards-President</u>		Date: <u>May 1, 2007</u> Daytime Phone #: <u>941-747-4645</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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