

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97869

FILED
Apr 28, 2004
Secretary of State

Entity Name: EDWARDS AND CLARKE, P.A.

Current Principal Place of Business:

2247 PALM BCH LAKES
#210
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2247 PALM BCH LAKES
#210
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0300771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, MICHEAL A.
2247 PALM BEACH LAKES BLVD
SUITE 210
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: EDWARDS, MICHEAL A.,
Address: 2247 PALM BCH LAKES BLVD #210
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: EDWARDS, MICHEAL A.,
Address: 2247 PALM BCH LAKES BLVD #210
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEAL A. EDWARDS

PST

04/28/2004

Electronic Signature of Signing Officer or Director

Date