

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 520946

**Entity Name:** EDA CONSULTANTS INC.**Current Principal Place of Business:**720 SW 2ND AVENUE SUITE 300  
GAINESVILLE, FL 32601**Current Mailing Address:**720 SW 2ND AVENUE SUITE 300  
GAINESVILLE, FL 32601 US**FEI Number:** 59-1714370**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REYES, SERGIO J  
720 SW 2ND AVENUE  
SUITE 300  
GAINESVILLE, FL 32601 US*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

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | V                    |
| Name            | GRAVER, ROBERT W     |
| Address         | 2404 NW 43RD ST      |
| City-State-Zip: | GAINESVILLE FL 32606 |

|                 |                                            |
|-----------------|--------------------------------------------|
| Title           | PD                                         |
| Name            | REYES, SERGIO                              |
| Address         | 720 SW 2ND AVENUE<br>SUITE 300 SOUTH TOWER |
| City-State-Zip: | GAINESVILLE FL 32601                       |

|                 |                                            |
|-----------------|--------------------------------------------|
| Title           | PD                                         |
| Name            | VEGA, CLAUDIA                              |
| Address         | 720 SW 2ND AVENUE<br>SUITE 300 SOUTH TOWER |
| City-State-Zip: | GAINESVILLE FL 32601                       |

|                 |                                            |
|-----------------|--------------------------------------------|
| Title           | S                                          |
| Name            | SWEGER, CLAY                               |
| Address         | 720 SW 2ND AVENUE<br>SUITE 300 SOUTH TOWER |
| City-State-Zip: | GAINESVILLE FL 32601                       |

|                 |                                            |
|-----------------|--------------------------------------------|
| Title           | TD                                         |
| Name            | SUTTON, STEPHANIE                          |
| Address         | 720 SW 2ND AVENUE<br>SUITE 300 SOUTH TOWER |
| City-State-Zip: | GAINESVILLE FL 32601                       |

I hereby 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 all other like empowered.

**SIGNATURE:** SERGIO REYES**PRESIDENT****02/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date