

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000014624

Entity Name: EDISON MORTGAGE GROUP, INC.**Current Principal Place of Business:**804 NICHOLAS PARKWAY #2
CAPE CORAL, FL 33990**Current Mailing Address:**804 NICHOLAS PARKWAY #2
CAPE CORAL, FL 33990**FEI Number:** 46-4820127**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEE, ANTHONY E
4817 SW 8TH PLACE
D203
CAPE CORAL, FL 33914 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	P
Name	LEE, ANTHONY E
Address	2493 SUTHERLAND COURT
City-State-Zip:	CAPE CORAL FL 33991

Title	VP
Name	BREADMORE, JOHN
Address	804 NICHOLAS PARKWAY #2
City-State-Zip:	CAPE CORAL FL 33990

Title	SEC
Name	LEE, ANTHONY E
Address	4817 SW 8TH PLACE #D203
City-State-Zip:	CAPE CORAL FL 33914

Title	TRES
Name	LEE, ANTHONY E
Address	4817 SW 8TH PLACE #D203
City-State-Zip:	CAPE CORAL FL 33914

Title	VP
Name	MCCLOSKEY, RUSS
Address	804 NICHOLAS PARKWAY #2
City-State-Zip:	CAPE CORAL FL 33990

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: ANTHONY LEE**PRESIDENT****08/23/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date