


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 611407 1. Entity Name ERICKS CONSULTANTS, INC.	
---	---

FILED
 04 APR 26 AM 8:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 205 S ADAMS DT TALLAHASSEE FL 32301 US	Mailing Address 205 S ADAMS DT TALLAHASSEE FL 32301 US
--	--



MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2722222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ERICKS, DAVID 205 S ADAMS ST TALLAHASSEE FL 32301	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS		Delete
TITLE	P ERICKS, DAVID	<input type="checkbox"/>
NAME	ERICKS, DAVID	
STREET ADDRESS	205 S. ADAMS ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	ST ERICKS, CANDICE	<input type="checkbox"/>
NAME	ERICKS, CANDICE	
STREET ADDRESS	205 S. ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D ERICKS, MICHAEL	<input checked="" type="checkbox"/>
NAME	ERICKS, MICHAEL	
STREET ADDRESS	205 S ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE	600035822636	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP	05/10/04--01081--006 **150.00		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  4/2/04 224-0890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #