

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

APPROVED AND FILED

07 APR 23 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*JS*

02012007 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2722222 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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



|   |   |
|---|---|
| Principal Place of Business<br>205 S ADAMS ST<br>TALLAHASSEE, FL 32301 US | Mailing Address<br>205 S ADAMS ST<br>TALLAHASSEE, FL 32301 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent  
ERICKS, DAVID  
205 S ADAMS ST  
TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ERICKS, DAVID<br>205 S. ADAMS ST.<br>TALLAHASSEE, FL 32301       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>ERICKS, CANDICE<br>205 S. ADAMS STREET<br>TALLAHASSEE, FL 32301 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

600098564716  
04/25/07--01038--014 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* 4/4/07 224-0880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #