


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000011532**

1. Entity Name  
**A.G. ERIKSSON COMPANY**



Principal Place of Business      Mailing Address

**81 SOUTHPOINTE DR**      **81 SOUTHPOINTE DR**  
**FORT PIERCE, FL 34949 US**      **FORT PIERCE, FL 34949 US**

**DO NOT WRITE IN THIS SPACE**



02272007      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>59-3155226</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

**ERIKSSON, AUSTIN G.**  
**81 SOUTH POINTE DR**  
**2400 S. OCEAN DR.**  
**FT. PIERCE, FL 34949**

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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 NAME STREET ADDRESS CITY-ST-ZIP	D ERIKSSON, AUSTIN G 81 SOUTH POINTE DR FT. PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KRISTIN ERIKSSON 81 SOUTH POINTE DR PT. PIERCE, FL 34949
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03/15/07-80007-018 150.00

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 lists empowered.

**SIGNATURE:** AUSTIN ERIKSSON      3/4/07 (772) 468-1007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #