


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90042 031 \*\*\*150.00

**DOCUMENT # P96000019642**

1. Entity Name  
 ESTATE RESOURCES MANAGEMENT, INC.



|  |  |
|--|--|
| Principal Place of Business<br>301 YAMATO ROAD<br>SUITE 2200<br>BOCA RATON, FL 33431 | Mailing Address<br>301 YAMATO ROAD<br>SUITE 2200<br>BOCA RATON, FL 33431 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



02022004 No Chg-P CR2E034 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0645889                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

~~MERBAUM, NEAL TWIST, EDWIN B.~~  
 301 YAMATO RD  
 SUITE 2200  
 BOCA RATON, FL 33431

**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 *Edwin B. Twist* EDWIN TWIST, Vice President 2/11/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | D                               |
| NAME           | HENRY, JOHN W                   |
| STREET ADDRESS | 301 YAMATO ROAD, SUITE 2200     |
| CITY-ST-ZIP    | BOCA RATON, FL 33431            |
| TITLE          | VST                             |
| NAME           | TWIST, EDWIN B                  |
| STREET ADDRESS | 301 YAMATO ROAD, SUITE 2200     |
| CITY-ST-ZIP    | BOCA RATON, FL 33431            |
| TITLE          | <del>BRATCA, PAUL</del>         |
| NAME           | <del>BRATCA, PAUL</del>         |
| STREET ADDRESS | <del>301 YAMATO RD #2200</del>  |
| CITY-ST-ZIP    | <del>BOCA RATON, FL 33431</del> |
| TITLE          | V                               |
| NAME           | TALISMAN, HAROLD                |
| STREET ADDRESS | 301 YAMATO RD, STE 2200         |
| CITY-ST-ZIP    | BOCA RATON, FL 33431            |
| TITLE          | V                               |
| NAME           | HUMPHREY, CYNDI                 |
| STREET ADDRESS | 301 YAMATO RD, STE 2200         |
| CITY-ST-ZIP    | BOCA RATON, FL 33431            |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

**DO NOT WRITE IN THIS SPACE**

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: *Edwin B. Twist* EDWIN B TWIST, VP 2/11/04 561-241-0018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #