

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90034 046 ***150.00

DOCUMENT # 340881

1. Entity Name
ERDMOL, INC.



Principal Place of Business
**1130 BAYVIEW DR
FT. LAUDERDALE, FL 33304**

Mailing Address
**1130 BAYVIEW DR
FT. LAUDERDALE, FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-1259362

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERDMAN, LEONARD A
3900 N. OCEAN DR
4G
LAUDERDALE BY THE SEA, FL 33308**

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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ERDMAN, LEONARD A	
STREET ADDRESS	3900 N. OCEAN DR., 4G	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERDMAN, ARLENE E	
STREET ADDRESS	3900 N. OCEAN DR., 4G	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOLCHAN, JANET B	
STREET ADDRESS	4404 NE 23 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOLCHAN, ALEX E.	
STREET ADDRESS	4404 NE 23 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERDMAN, E. ARLENE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3900 N. OCEAN DR, 4H	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3900 N. OCEAN DR, 4H	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: E. ARLENE ERDMAN

E. Arlene Erdman 2/7/06 954 491-5497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #