

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 611407

1. Entity Name
ERICKS CONSULTANTS, INC.



Principal Place of Business
**205 S ADAMS ST
TALLAHASSEE, FL 32301 US**

Mailing Address
**205 S ADAMS ST
TALLAHASSEE, FL 32301 US**

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2722222

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. 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 _____

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, 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
**P
ERICKS, DAVID
205 S. ADAMS ST.
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ERICKS, CANDICE
205 S. ADAMS STREET
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07

Date

224-0880

Daytime Phone #

APPROVED
AND
FILED

07 APR 23 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA