
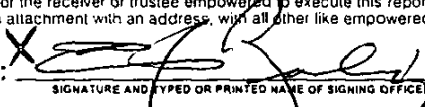


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90237 038 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 634480 1. Entity Name ERIC J. ROHRIG AND ASSOCIATES, INC.			
Principal Place of Business 935 MAIN STREET SUITE C-2 SAFETY HARBOR, FL 34695		Mailing Address 935 MAIN STREET SUITE C-2 SAFETY HARBOR, FL 34695	
2. Principal Place of Business 3240 San Jose Street		3. Mailing Address P.O. Box 1715	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State Clearwater, FL		City & State Safety Harbor, FL	
Zip 33759	Country	Zip 34695	Country
4. FEI Number 59-1944699		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROHRIG, ERIC J. 935 MAIN STREET SUITE C-2 SAFETY HARBOR, FL 34695		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3240 San Jose Street City Clearwater FL Zip Code 33759	
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 _____ <small>Signature: Typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete NAME ROHRIG, ERIC J. STREET ADDRESS 3240 SAN JOSE STREET CITY-ST-ZIP CLEARWATER, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE PD NAME ROHRIG, ERIC J. STREET ADDRESS 3240 SAN JOSE STREET CITY-ST-ZIP CLEARWATER, FL 33759	<input type="checkbox"/> Delete NAME ROHRIG, ERIC J. STREET ADDRESS 3240 SAN JOSE STREET CITY-ST-ZIP CLEARWATER, FL
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: 		Date 5-1-06	Daytime Phone # (727) 744-8096
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>