


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90041 046 \*\*\*150.00

<b>DOCUMENT # 817206</b>					
1. Entity Name ERICKSON'S INC					
Principal Place of Business 1 ERICKSON DRIVE SAVANNAH, GA 31405			Mailing Address P O BOX 22519 SAVANNAH, GA 31403-2519		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>58-0653104</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLERK OF THE CIRCUIT COURT ORANGE COUNTY COURT HOUSE ORLANDO, FL			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, DON L		NAME		
STREET ADDRESS	1 ERICKSON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH, GA 31405		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, MARCIA M		NAME		
STREET ADDRESS	1 ERICKSON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH, GA 31405		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALSTON, W.C JR		NAME		
STREET ADDRESS	1 ERICKSON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH, GA 31405		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, NEAL J		NAME		
STREET ADDRESS	1 ERICKSON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH, GA 31405		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, T.W. JR.		NAME		
STREET ADDRESS	1 ERICKSON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH, GA 31405		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASPLICKA, SCOTT H		NAME		
STREET ADDRESS	1 ERICKSON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH, GA 31405		CITY-ST-ZIP		
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: <i>Neal J. Corbin</i> Neal J. Corbin			01/28/2004		(912) 629-6012
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>