


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/4

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90090 034 \*\*\*150.00

<b>DOCUMENT # 829457</b> 1. Entity Name <b>ERSHIGS, INC.</b>					
Principal Place of Business <b>742 MARINE DRIVE BELLINGHAM, WA 98225</b>			Mailing Address <b>P.O. BOX 1707 BELLINGHAM, WA 98227</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>BENNETT, ROBERT</b> <b>2400 AUGUSTA DR STE 340</b> <b>HOUSTON, TX 77057</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>ASSISTANT SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>TEEO MAYNARD, TIMOTHY</b> <b>6705 E 81ST ST STE 195</b> <b>TULSA, OK 74133</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>CFO/DIRECTOR/TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>P SCHUMACHER, ERIC</b> <b>200 5TH STREET</b> <b>BILOXI, MS 39532</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>S SMITH, CATHY L</b> <b>1078 OLD STONE HOUSE WAY</b> <b>PARK CITY, UT 84098</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>DIRECTOR/SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1134 Whiteaway</b> <b>Park City, UT 84098</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Director</b> <input checked="" type="checkbox"/> <b>Richard W. Volk</b> <b>2400 Augusta Drive # 340</b> <b>Houston, TX 77057</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 I ka empowered.					
SIGNATURE: <u>X E.S.S.A.M.</u> <b>ERIC S. SCHUMACHER PRESIDENT</b> <b>3/31/05 (228) 374-1774</b>					

66012400



03152005 Chg-P CR2E034 (10/03)

4. FEI Number  
**91-0655652**

Applied For  
Not Applicable

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

**FL**

Zip Code

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> <b>BENNETT, ROBERT</b> <b>2400 AUGUSTA DR STE 340</b> <b>HOUSTON, TX 77057</b>
TITLE	<input type="checkbox"/> <b>TEEO MAYNARD, TIMOTHY</b> <b>6705 E 81ST ST STE 195</b> <b>TULSA, OK 74133</b>
TITLE	<input type="checkbox"/> <b>P SCHUMACHER, ERIC</b> <b>200 5TH STREET</b> <b>BILOXI, MS 39532</b>
TITLE	<input type="checkbox"/> <b>S SMITH, CATHY L</b> <b>1078 OLD STONE HOUSE WAY</b> <b>PARK CITY, UT 84098</b>
TITLE	<input type="checkbox"/>
TITLE	<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> <b>ASSISTANT SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> <b>CFO/DIRECTOR/TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> <b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input checked="" type="checkbox"/> <b>DIRECTOR/SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1134 Whiteaway</b> <b>Park City, UT 84098</b>
TITLE	<input type="checkbox"/> <b>Director</b> <input checked="" type="checkbox"/> <b>Richard W. Volk</b> <b>2400 Augusta Drive # 340</b> <b>Houston, TX 77057</b>
TITLE	<input type="checkbox"/> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: X E.S.S.A.M. **ERIC S. SCHUMACHER PRESIDENT** **3/31/05 (228) 374-1774**