


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90073 012 \*\*\*158.75

DOCUMENT # F04000002348	
1. Entity Name ERS/ORL, INC.	

Principal Place of Business 1255 BELLE AVENUE #182 WINTER SPRINGS, FL 32708 <b>1475 Pine Ave Orlando, FL 32824</b>	Mailing Address 11847 LEVAN ROAD LIVONIA, MI 48150
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2. Principal Place of Business - No P.O. Box # <b>1475 Pine Ave</b>	3. Mailing Address <b>11847 Levan</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orlando, FL</b>	City & State <b>Livonia, Mi</b>
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Zip <b>32824</b>	Country	Zip <b>48150</b>	Country <b>Wayne</b>
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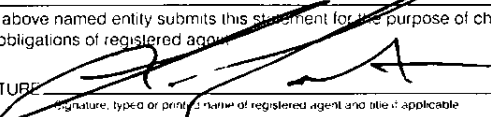
01032007 Chg-P CR2E034 (12/06)

4. FEI Number <b>16-1692794</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
ROGERS, CLIFF <b>David Baxter</b> 1255 BELLE AVENUE #182 <b>1475 Pine Ave</b> WINTER SPRINGS, FL 32708 <b>Orlando, FL 32824</b>	

7. Name and Address of New Registered Agent	
Name <b>David Baxter</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1475 Pine Ave</b>	
City <b>Orlando,</b>	FL <b>32824</b>

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAPATINA, LEE 11847 LEVAN ROAD LIVONIA, MI 48150 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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	
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SIGNATURE: 	Date: <b>1/4/07</b>	Daytime Phone #: <b>734 464-1600</b>
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