## **2008 FOR PROFIT CORPORATION**

## Jan 14, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # G17864 1. Entity Name ERIK A. DAHLGAARD, P.A. Mailing Address Principal Place of Business P.O. BOX 48547 723 BEN FRANKLIN DR. SARASOTA, FL 34236 SARASOTA, FL 34230 DO NOT WRITE IN THIS SPACE CR2E034 (11/05) No Chg-P 01092008 Applied For 4, FEI Number 59-2246117 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAHLGAARD, ERIK A. 723 BEN FRANKLIN DRIVE SARASOTA, FL 34236 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE-IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PΩ TITLE DAHLGAARD, ERIK A NAME STREET ADDRESS 723 BEN FRANKLIN DRIVE SARASOTA, FL 34236 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TiTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED