

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G68651

FILED
Apr 18, 2005
Secretary of State

Entity Name: EHRMAN SYSTEMS ENTERPRISES, INC.

Current Principal Place of Business:

10221 HWY 301
DADE CITY, FL 335251844

New Principal Place of Business:

Current Mailing Address:

10221 HWY 301
DADE CITY, FL 335251844

New Mailing Address:

FEI Number: 59-2337114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EHRMAN, ROBERT CHARLES, JR.
5393 BOXTREE CT
RIDGE MANOR, FL 33525 US

Name and Address of New Registered Agent:

EHRMAN, ROBERT C JR.
PO BOX 1762
DADE CITY, FL 335261762 US

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.

SIGNATURE: ROBERT C EHRMAN JR.

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: EHRMAN, ROBERT C. JR.,
Address: 5393 BOXTREE CT
City-St-Zip: RIDGE MANOR, FL 33525

Title: D (X) Delete
Name: EHRMAN, ROBERT C. SR.,
Address: P.O. BOX 2121 N/A
City-St-Zip: DADE CITY, FL 335262121

Title: VD () Delete
Name: EHRMAN, CAREY A.,
Address: 4920 LAKEWOOD DRIVE
City-St-Zip: RIDGE MANOR, FL 33523

Title: VD () Delete
Name: EHRMAN, CHRISTOPHER L
Address: PO BOX 257 N/A
City-St-Zip: LACOOCHIEE, FL

Title: T () Delete
Name: EHRMAN, HEATHER L
Address: 12430 TOUCHTON DR #102
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C EHRMAN JR

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04/18/2005

Electronic Signature of Signing Officer or Director

Date