

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90076 047 ***150.00

DOCUMENT # J11395

1. Entity Name
ERA EUROPE, INC.



Principal Place of Business
**3260 UNIVERSITY BLVD
SUITE 210
WINTER PARK, FL 32792 US**

Mailing Address
**3260 UNIVERSITY BLVD
SUITE 210
WINTER PARK, FL 32792 US**



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2672428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEEKIN, JAMES F JR.
215 NORTH EOLA DRIVE
ORLANDO, FL 32801**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	PD
NAME	HEAVENER, JAMES W
STREET ADDRESS	731 PINE TREE ROAD
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	PD
NAME	HADDOCK, EDWARD E JR.
STREET ADDRESS	3260 UNIVERSITY BLVD., #210
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	PD
NAME	PHELPS, JONATHAN
STREET ADDRESS	3260 UNIVERSITY BLVD., #210
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *James W Heavener*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05
Date

Daytime Phone #