


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90074 029 \*\*\*158.75

<b>DOCUMENT # J99831</b>	
1. Entity Name <b>ERICKSON VENTURES OF SOUTH NAPLES, INC.</b>	

Principal Place of Business <b>5612 LANCELOT LANE CAPE HARBOUR CAPE CORAL FL 33914 US</b>	Mailing Address <b>5612 LANCELOT LANE CAPE HARBOUR CAPE CORAL FL 33914 US</b>
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**50018222**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <b>13520 BRYNWOOD LANE Suite, Apt. #, etc. BRYNWOOD ESTATES City &amp; State FORT MYERS, FL. Zip 33912</b>	3. Mailing Address <b>← Suite, Apt. #, etc. Same City &amp; State FORT MYERS, FL. Zip 33912</b>
Country <b>U.S.A.</b>	Country

4. FEI Number <b>65-0010644</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ERICKSON, WILLIAM D. 5612 LANCELOT LANE CAPE CORAL FL 33914</b>	
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7. Name and Address of New Registered Agent <b>Name ERICKSON, William D. Street Address (P.O. Box Number is Not Acceptable) 13520 BRYNWOOD LANE BRYNWOOD ESTATES City FORT MYERS FL Zip Code 33912</b>	
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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. <b>SIGNATURE</b> <u>William D. Erickson</u> <b>William D. Erickson</b> <b>2-16-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ERICKSON, WILLIAM D. 5612 LANCELOT LANE CAPE CORAL FL 33914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ESHAUGH, KRISTA 5612 LANCELOT LANE CAPE CORAL FL 33914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONLEY, KARI 5612 LANCELOT LANE CAPE CORAL FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS-ERICKSON, REGINA 5612 LANCELOT LANE CAPE CORAL FL 33914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ERICKSON, William D. 13520 BRYNWOOD LANE FORT MYERS, FL. 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ESHAUGH, KRISTA S. 13520 BRYNWOOD LANE FORT MYERS, FL. 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS-ERICKSON, REGINA 13520 BRYNWOOD LANE FORT MYERS, FL. 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 like empowered.

<b>SIGNATURE:</b> <u>William D. Erickson</u> <b>William D. Erickson</b> <b>2-16-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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