


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M98046 1. Entity Name ERT ENTERPRISES, INC. |  |
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|---|---|
| Principal Place of Business C/O JOHN THIELKING 1405 SE 31ST TERRACE CAPE CORAL, FL 33904 | Mailing Address C/O JOHN THIELKING 1405 SE 31ST TERRACE CAPE CORAL, FL 33904 |
|---|---|

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 42-1295665 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

THIELKING, JOHN W
C/O JOHN THIELKING
1405 SE 31ST TERRACE
CAPE CORAL, FL 33904

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D THIELKING, PAUL M 7212 TWANA DRIVE DES MOINES, IA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D THIELKING, ARMIN F 2301 HILLSIDE W DES MOINES, IA |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D THIELKING, JOHN W 1405 SW 31S T TERRACE CAPE CORAL, FL 33904 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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01/13/05-80022-007 150.00

**DO NOT WRITE
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:  **John W. Thielking** **1-11-05** **239 851-8132**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #