

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000602

**FILED**  
**Sep 28, 2004**  
**Secretary of State****Entity Name:** ERC TRUST, INC.**Current Principal Place of Business:**2436 N FEDERAL HWY  
363  
POMPANO BEACH, FL 33064**New Principal Place of Business:**274 READING ST. NW  
PORT CHARLOTTE, FL 33952**Current Mailing Address:**2436 N FEDERAL HWY  
363  
POMPANO BEACH, FL 33064**New Mailing Address:**3821B TAMiami TRAIL  
STE. #149  
PORT CHARLOTTE, FL 33952**FEI Number:** 65-0980224**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RUEL, LORRAINE M  
2436 N FEDERAL HWY  
STE 363  
POMPANO BEACH, FL 33064 US**Name and Address of New Registered Agent:**RUEL, LORRAINE M  
274 READING ST. NW  
PORT CHARLOTTE, FL 333952 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:**

09/28/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** RUEL, LORRAINE M  
**Address:** 2436 N FEDERAL HWY #363  
**City-St-Zip:** POMPANO BEACH, FL 33064**Title:** VD ( ) Delete  
**Name:** CICCARELLI, ANNA  
**Address:** 6430 LESLIE STREET  
**City-St-Zip:** JUPITER, FL 33458**Title:** STD ( ) Delete  
**Name:** INCARDONA, GIOVANNI  
**Address:** 1701 E ATLANTIC BLVD  
**City-St-Zip:** POMPANO BEACH, FL 33060**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** RUEL, LORRAINE M  
**Address:** 274 READING ST. NW  
**City-St-Zip:** PORT CHARLOTTE, FL 33952**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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LORRAINE M. RUEL

PRES

09/28/2004

Electronic Signature of Signing Officer or Director

Date