2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000602

1. Entity Name
ERC TRUST, INC.

Principal Place of Business	Mailing Address
274 READING ST. NW PORT CHARLOTTE, FL 33952	3821B TAMIAMI TRAIL STE. #149 PORT CHARLOTTE, FL 33952

01212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0980224
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUEL, LORRAINE M
274 READING ST. NW
PORT CHARLOTTE, FL 33395-2

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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.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUEL, LORRAINE M
STREET ADDRESS	274 READING ST. NW
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	VD
NAME	CICCARELLI, ANNA
STREET ADDRESS	6430 LESLIE STREET
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	STD
NAME	INCARDONA, GIOVANNI
STREET ADDRESS	1701 E ATLANTIC BLVD
CITY-ST-ZIP	POMPANO BEACH, FL 33060
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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01/28/05-80018-007 61.25

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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 617, 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: Lorraine M. Ruel 1/16/05 941-475-3723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #