2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000091353

1. Entity Name
EUROMERICA, INC.

Principal Place of Business	Mailing Address
18591 CROSSWIND AVENUE NE N. FORT MYERS, FL 33917 US	18591 CROSSWIND AVENUE NE N. FORT MYERS, FL 33917 US

DO NOT WRITE IN THIS SPACE

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1013746
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ERLANDSSON, BO
18591 CROSSWIND AVENUE NE
N. FORT MYERS, FL 33917

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000105976
04/07/04-80048-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ERLANDSSON, BO
STREET ADDRESS	18591 CROSSWIND AVENUE NE
CITY-ST-ZIP	N. FORT MYERS, FL 33917
TITLE	S
NAME	SMITH, KIRSTEN E
STREET ADDRESS	18591 CROSSWIND AVENUE NE
CITY-ST-ZIP	N. FORT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 4/1/04 239-731-2746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #