## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## Apr 04, 2005 08:00 AM Secretary of State **DOCUMENT # P01000018397** 1. Entity Name E.R.V. & ASSOCIATES, INC. \_\_\_\_ Mailing Address Principal Place of Business \_\_ 2410 NE 31ST COURT 2499 GLADES RD, SUITE 305A LIGHTHOUSE POINT, FL 33064 BOCA RATON, FL 33431 The second secon No Cha-P CR2E034 (10/03) 03312005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1078387 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MILLER, JOHN P DO NOT WRITE 2499 GLADES RD, SUITE 305A BOCA RATON, FL 33431 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: Registored Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VALKO, ERIN NAME 2499 GLADES RD, SUITE 305A STREET ADDRESS U00000266346 D4/04/05-80025-017 150.00 CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Date

Daytime Phone #

SIGNATURE AND TYPED OF PRINTED NAME OF STONING OFFICER OR DIRECTOR

**FILED**