

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90028 033 ***150.00

DOCUMENT # P01000090773

1. Entity Name

ERICSON PALMS PLUS INC



Principal Place of Business

4305 SW RANCHWOOD ST
PALM CITY FL 34990

Mailing Address

4305 SW RANCHWOOD ST
PALM CITY FL 34990

34034900



MOORE

CR2E034 (11/03)

2. Principal Place of Business

4305 S.W. RANCHWOOD ST

3. Mailing Address

4305 S.W. RANCHWOOD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Palm City FL

Zip

34990

Country

Zip

34990

Country

4. FEI Number

65-1140373

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ERICSON, DOUGLAS
4316 SW LUDLUM ST
PALM CITY FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Douglas Ericson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ERICSON, DOUGLAS
4316 SW LUDLUM ST
PALM CITY FL 34990

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
ERICSON, BEVERLY
4316 SW LUDLUM ST
PALM CITY FL 34990

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Douglas Ericson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

Date

772-220-1612

Daytime Phone #