

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90042 022 \*\*\*158.75

**DOCUMENT # P01000115680**

1. Entity Name  
**ERDMAN II, INC.**



Principal Place of Business  
**3645 BONITA BEACH ROAD  
SUITE 4  
BONITA SPRINGS, FL 34134**

Mailing Address  
**3645 BONITA BEACH ROAD  
SUITE 4  
BONITA SPRINGS, FL 34134**

40118600



04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0374846**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~ERDMAN, GREGORY A~~ **Charles J. Erdman, Jr.**  
**3645 BONITA BEACH ROAD  
SUITE 4  
BONITA SPRINGS, FL 34134**

**DO NOT WRITE  
IN THIS SPACE**

8. 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 obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/07

**FILE NOW!!! FEE IS \$150.00  
or May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

1. Name  
P  
ERDMAN, CHARLES J JR.  
2. Address  
3645 BONITA BEACH ROAD, SUITE 4  
BONITA SPRINGS, FL 34134

3. Title  
4. Signature  
5. Date

6. Name  
7. Address  
8. Title

9. Signature  
10. Date

11. Name  
12. Address  
13. Title

14. Signature  
15. Date

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 applicable or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/30/07

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IN THIS SPACE**