
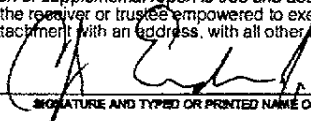


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000115682 1. Entity Name ERDMAN I, 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	
6. Name and Address of Current Registered Agent ERDMAN, GREGORY A 3645 BONITA BEACH ROAD SUITE 4 BONITA SPRINGS, FL 34134		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERDMAN, CHARLES J JR. 3645 BONITA BEACH ROAD, SUITE 4 BONITA SPRINGS, FL 34134	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 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:  Charles J Erdman Jr 4/27/06 239-992-8833 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

FILED
May 01, 2006 08:00 AM
Secretary of State



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0374849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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 05/15/06-80058-015 158.75