

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90027 009 ***158.75

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1. Entity Name
ERDMAN I, INC.



Principal Place of Business

3645 BONITA BEACH ROAD
SUITE 4 - 1130 Turtle Creek Blvd
BONITA SPRINGS, FL 34134
Naples FL 34110

Mailing Address

PO Box 369
3645 BONITA BEACH ROAD
SUITE 4 - Bonita Springs, FL
BONITA SPRINGS, FL 34134 34133



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0374849

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERDMAN, CHARLES JR
3645 BONITA BEACH ROAD
SUITE 4
BONITA SPRINGS, FL 34134
1130 Turtle Creek Blvd, #2
Naples FL 34110

**DO NOT WRITE
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 [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ERDMAN, CHARLES J JR.
STREET ADDRESS 3645 BONITA BEACH ROAD, SUITE 4
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE
NAME 1130 Turtle Creek Blvd #2
STREET ADDRESS Naples FL 34110
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/08 239 653-9788