


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90108 022 ***150.00

DOCUMENT # P03000055317		
1. Entity Name ERGOSOL, INC.		

Principal Place of Business 8624 TOURMALINE BLVD BOYNTON BEACH, FL 33437	Mailing Address 8624 TOURMALINE BLVD BOYNTON BEACH, FL 33437
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14016479

2. Principal Place of Business 2707 DANFORTH TER	3. Mailing Address 2707 DANFORTH TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03092005 Chg-P CR2E034 (10/03)

City & State Wellington FL	City & State Wellington, FL	4. FEI Number 20-0923583	Applied For <input type="checkbox"/> Not Applicable
Zip 33414	Country USA	Zip 33414	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent TUCKER, STUART L 8624 TOURMALINE BLVD BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name TUCKER, STUART L Street Address (P.O. Box Number is Not Acceptable) 2707 DANFORTH TER City Wellington FL Zip Code 33414	
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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: *Stuart L Tucker* DATE: 4-20-2005

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT TUCKER, STUART L 8624 TOURMALINE BLVD BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2707 DANFORTH TER Wellington FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FRANKS, BONNIE F 8624 TOURMALINE BLVD BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2707 DANFORTH TER Wellington FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stuart L Tucker* DATE: 4-20-2005 561-422-2087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR