

**J5 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000088651

1. Entity Name
ERMA INVESTMENTS, INC.



**FILED
Mar 16, 2005 8:00 am
Secretary of State**

03-16-2005 90042 048 ***150.00

Principal Place of Business
9976 STOCKBRIDGE DR
TAMPA, FL 33626

Mailing Address
9976 STOCKBRIDGE DR
TAMPA, FL 33626

2. Principal Place of Business
3154 Jackson Drive
Suite, Apt. #, etc.

3. Mailing Address
3154 Jackson Dr.
Suite, Apt. #, etc.

City & State
Holiday, FL
Zip **34691**

City & State
Holiday, FL
Zip **34691**

Country **US**

Country **US**



02272005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0166991	Applied For <input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KOFLER, MARGIE H
9976 STOCKBRIDGE DR
TAMPA, FL 33626

Name **Koehler, Margie H**

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

3154 Jackson Drive

City Holiday	FL	Zip Code 34691
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
NAME KOFLER, ERICH J
STREET ADDRESS 9976 STOCKBRIDGE DR
CITY-ST-ZIP TAMPA, FL 33626

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

**3154 Jackson Drive
Holiday, FL 34691**

TITLE **D** Delete
NAME KOFLER, MARGIE H
STREET ADDRESS 9976 STOCKBRIDGE DR
CITY-ST-ZIP TAMPA, FL 33626

**3154 Jackson Drive
Holiday, FL 34691**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

Change Addition

TITLE Delete
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STREET ADDRESS
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Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Margie Koehler Margie Koehler 3.11.05 7279443923*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #