

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2005 90042 048 ***150.00

DOCUMENT # P03000088651 1. Entity Name ERMA INVESTMENTS, INC.			
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 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3154 Jackson Dr. <small>Suite, Apt. #, etc.</small>	
City & State Holiday, FL Zip 34691 Country US		City & State Holiday, FL Zip 34691 Country US	
4. FEI Number 20-0166991		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOFLER, MARGIE H 9976 STOCKBRIDGE DR TAMPA, FL 33626		7. Name and Address of New Registered Agent Name Kofler, Margie H Street Address (P.O. Box Number is Not Acceptable) 3154 Jackson Drive City Holiday FL Zip Code 34691	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KOFLER, ERICH J 9976 STOCKBRIDGE DR TAMPA, FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3154 Jackson Drive Holiday, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KOFLER, MARGIE H 9976 STOCKBRIDGE DR TAMPA, FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3154 Jackson Drive Holiday, FL 34691
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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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Kofler Margie Kofler		Date 3.11.05 Daytime Phone # 7279443923	