


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90032 026 ***150.00

DOCUMENT # P03000088651 1. Entity Name ERMA INVESTMENTS, INC.			
Principal Place of Business 3154 JACKSON DRIVE HOLIDAY, FL 34691		Mailing Address 3154 JACKSON DRIVE HOLIDAY, FL 34691	
2. Principal Place of Business - No P.O. Box # 26445 LAWRENCE AVE Suite, Apt. #, etc.		3. Mailing Address 26445 LAWRENCE AVE Suite, Apt. #, etc.	
City & State Wesley Chapel, FL		City & State Wesley Chapel, FL	
Zip 33544	Country USA	Zip 33544	Country USA
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 3154 JACKSON DRIVE HOLIDAY, FL 34691		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 26445 LAWRENCE AVE City Wesley Chapel FL Zip Code 33544	
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 3154 JACKSON DRIVE HOLIDAY, FL 34691	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26445 LAWRENCE AVE Wesley Chapel, FL 33544
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete KOFLER, MARGIE H 3154 JACKSON DRIVE HOLIDAY, FL 34691	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26445 LAWRENCE AVE Wesley Chapel, FL 33544
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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 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: <u>M. Kofler</u> <u>Margie Kofler</u> <u>President</u> <u>3/5/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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Tel 213 811 4612