


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90036 050 ***150.00

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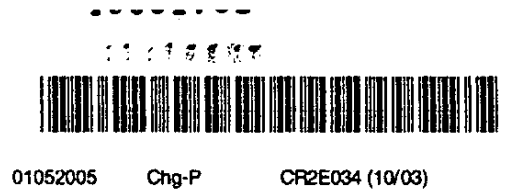
1. Entity Name
ERIC MINNICK, INC.



Principal Place of Business
**5130 NORTHWOOD COURT
 N. FORT MYERS, FL 33917**

Mailing Address
**5130 NORTHWOOD COURT
 N. FORT MYERS, FL 33917**

2. Principal Place of Business 5130 Northwood Ct	3. Mailing Address 5130
Suite, Apt. #, etc. N. Ft. Myers	Suite, Apt. #, etc. Northwood Ct
City & State FL. 33917	City & State N. Ft. Myers FL.
Zip 33917	Country U.S.



8. Name and Address of Current Registered Agent
**MINNICK, ERIC J
 5130 NORTHWOOD COURT
 N. FORT MYERS, FL 33917**

4. FEI Number
52-241686

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **ADAM WATKINS**

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

City **N. Ft. Myers**

City **Florida** FL Zip Code **33917**

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: *Eric Minnick* *Adam Watkins* *1/12/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MINNICK, ERIC 5130 NORTHWOOD COURT N. FORT MYERS, FL 33917 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINNICK, BRANDON 5130 NORTHWOOD COURT N. FORT MYERS, FL 33917 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D officer ADAM WATKINS 242 West Mariana N. Ft. Myers FL. 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Eric Minnick* *1/12/05* *(239) 940-6952*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #