

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**



**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90069 050 \*\*\*150.00

60010925



01062006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000119387</b>			
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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-2416869		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		7. Name and Address of New Registered Agent	
WATKINS, ADAM 242 WEST MARIANA NORTH FORT MYERS, FL 33917		Name <b>MINNICK, ERIC</b> Street Address (P.O. Box Number is Not Acceptable) <b>5130 NORTHWOOD CT.</b> City <b>N. FT. MYERS</b> FL Zip Code <b>33917</b>	
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	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		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	PD MINNICK, ERIC 5130 NORTHWOOD COURT N. FORT MYERS, FL 33917 <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	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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO WATKINS, ADAM 242 WEST MARIANA NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		ERIC MINNICK <input checked="" type="checkbox"/> 1/27/06 - (239) 940-6952	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESIDENT Date Daytime Phone	