

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90066 034 ***158.75

DOCUMENT # P04000042022

1. Entity Name
EROSION CONTROL, INC.



Principal Place of Business
**2620 N. TAMiami TRAIL
#2
NORTH FORT MYERS, FL 33903**

Mailing Address
**2620 N. TAMiami TRAIL
#2
NORTH FORT MYERS, FL 33903**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192007 Chg-P CR2E034 (12/06)

4. FEI Number
34-1983456

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHINDLER, RICHARD L
15640 ROYAL COACH CIRCLE
N FT MYERS, FL 33917**

Name **Michele L. Schindler**

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

2620 N. Tamiami Trail Unit 2

City **N. Ft. Myers**

FL

Zip Code
33903

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 **Michele L. Schindler P/S/T/D**

DATE **4-30-07**

Signature, type 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SCHINDLER, RICJARD**
STREET ADDRESS **15640 ROYAL COACH CIRCLE**
CITY-ST-ZIP **N FT MYERS, FL 33917**

TITLE **V.P. / D** ☒ Change ☐ Addition
NAME **Richard Schindler**
STREET ADDRESS **2620 N. Tamiami Trail Unit 2**
CITY-ST-ZIP **N. Ft. Myers, FL 33903**

TITLE **P/D** ☐ Delete
NAME **FARQUER, RUSTY**
STREET ADDRESS **15640 ROYAL COACH CIRCLE**
CITY-ST-ZIP **N FT MYERS, FL 33917**

TITLE **V.P. / D** ☒ Change ☐ Addition
NAME **Rusty Farquer**
STREET ADDRESS **2620 N. Tamiami Trail Unit 2**
CITY-ST-ZIP **N. Ft. Myers, FL 33903**

TITLE **ST** ☐ Delete
NAME **SCHINDLER, MICHELE**
STREET ADDRESS **15640 ROYAL COACH CIRCLE**
CITY-ST-ZIP **N FT MYERS, FL 33917**

TITLE **P/S/T/D** ☒ Change ☐ Addition
NAME **Michele Schindler**
STREET ADDRESS **2620 N. Tamiami Trail Unit 2**
CITY-ST-ZIP **N. Ft. Myers, FL 33903**

TITLE **D** ☐ Delete
NAME **MCALLISTER, ISLA**
STREET ADDRESS **7619 EBSON DR**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Michele L. Schindler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-07**

Daytime Phone # **(239) 731-2533**