2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2006 8:00 am Secretary of State

DOCUMENT # P04000045841 1. Entity Name THOMAS ERICKSON, PA									02-06-200	•	035 ***15	88.75	
Principal Place of Business				Mailing Address									
4735 REDWOOD TERR. NORTH PORT, FL 34286				4735 REDWOOD TERR. NORTH PORT, FL 34286				i mentrice i i	nenk ereti ebut ebih	arii saya ema	. unu ika 2006 K	F1751 H (271)	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01172006	Chg-P	CR2E	E034 (11/ 05)		
City & State				City & State				4. FEI Numb 51-050				oplied For ot Applicable	
Zip	Country			Zip Cour		itry		5. Certificate	of Status Desired	×	\$8.75 Add Fee Require		
	6. Name	and Address of Curre	nt Regis	stered Agent					Address of New	_			
SPIEGEL & UTRERA, P.A.						Name (UM	.H.KR	ODEL 4	Assoc	. E.A	· PA.	
1840 SW 22MD ST.						Street Ad	idress (I	P.O. Box Numb	er is Not Accepta	ble)			
4TH FLOOR MIAMI, FL 33145							4437 CENTRAL AVE.						
				<u> </u>			r.PE	TERS E	BURG	F	L Zip Coo	37/3	
8. The above	named entity	subroits this statemen	t for the	purpose of changing it	s register	ed office or	register	ed agent, or bo	th, in the State of	Florida. I ar	n familiar with,	and accept	
trie obligati	KO IS OI POOISIE	redegent.	tre	del			1	117/0	06				
SIGNATURE	Signature, typed o	or printed name of registered ag	ent and title	If applicable. (NC	TE: Flegistere	d Agent signatur	re required	when relateting)	<u> </u>	DATE	<u> </u>		
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.								00 May Be ad to Fees					
10.		OFFICERS A	ND DIRE	CTORS	11.			ADDITIONS	CHANGES TO O	FFICERS AN	ND DIRECTOR	S IN 11	
TITLE	PSTD FRICKSON	N, THOMAS		☐ Delete	E					☐ Change	Addition		
STREET ADDRESS 4735 REDWOOD TERR				HALE STREE									
CITY-ST-ZIP	NORTH PO		CITY-ST-ZIP										
NAME	V ERICKSON	N, ANGELA		☐ Delete	Ε .					Change	☐ Addition		
STREET ADDRESS	DURESS 4735 REDWOOD TERR			STRE									
CITY-ST-ZIP	NORTH PORT, FL 34286					-S1-ZIP					Change	Addition	
NAME				LJ Deles	NAM	Ε					C) Olaride	CT Montion	
STREET ADDRESS CITY+S1-ZIP					4	ET ADORESS -ST-ZIP							
TITLE				☐ Delete	mu						Change	Addition	
NAME Street adoress					NAMI STRE	E Et adoress							
CITY-ST-ZIP						-ST-ZIP							
TITLE NAME				Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS						ET AODRESS							
CITY-ST-ZIP					спу	-ST-ZIP					·		
NAME .				☐ Delete	TITLE						Change	Addition	
STREET ADDRESS					1	ET ADDRESS							
CITY-ST-ZIP	erlify that the	information supplied u	vith this f	lling does not qualify !		-ST-ZP	nteinad	in Charter 410	Elorida Statuta	(fughar as	artific that the fo	nformation	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental poort 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: 1-23-06 941-257-1214													