

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90210 043 ***158.75

DOCUMENT # P04000045841

1. Entity Name
THOMAS ERICKSON, PA



Principal Place of Business
**4735 REDWOOD TERR.
NORTH PORT, FL 34286**

Mailing Address
**4735 REDWOOD TERR.
NORTH PORT, FL 34286**

60001232

2. Principal Place of Business - No P.O. Box #
3221 TAMiami TR.

3. Mailing Address
9670 SHASTA DR.



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-P CR2E034 (12/06)

City & State
PORT CHARLOTTE, FL

City & State
FISHERS, IN

4. FEI Number
51-0500730

Applied For
Not Applicable

Zip
33952

Country
USA

Zip
46038

Country
USA

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

6. Name and Address of Current Registered Agent

**WM. H. KRODEL & ASSOC., E.A. P.A.
4437 CENTRAL AVW
SAINT PETERSBURG, FL 33713**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
ERICKSON, THOMAS
4735 REDWOOD TERR
NORTH PORT, FL 34286** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ERICKSON, ANGELA
4735 REDWOOD TERR
NORTH PORT, FL 34286** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ERICKSON, THOMAS
9670 SHASTA DR.
FISHERS, IN 46038** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ERICKSON, ANGELA
9670 SHASTA DR.
FISHERS, IN 46038** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

Thomas Erickson PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

317-348-0015

Daytime Phone #