## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000045841

Entity Name: THOMAS ERICKSON, PA

FILED Feb 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 417 RUTH LANE #3 ORLANDO, FL 32801 US **Current Mailing Address: New Mailing Address:** 9670 SHASTA DRIVE FISHERS, IN 46038 FEI Number: 51-0500730 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WM. H. KRODEL & ASSOC., E.A. P.A. WM. H. KRODEL & ASSOC., E.A. P.A. 4437 CENTRAL AVW 4437 CENTRAL AV W SAINT PETERSBURG, FL 33713 SAINT PETERSBURG, FL 33713 US 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. SIGNATURE: 02/10/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD ( ) Delete Title: () Change () Addition ERICKSON, THOMAS Name: Name: 9670 SHASTA DRIVE Address: Address: City-St-Zip: FISHERS, IN 46038 City-St-Zip: Title: Title: () Change () Addition () Delete ERICKSON, ANGELA Name: Name: 9670 SHASTA DRIVE Address: Address: FISHERS, IN 46038 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS ERICKSON PSTD 02/10/2009