## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000163373

1. Entity Name ERIC P. NOHEJL, INC



Principal Place of Business

12412 WEBSTER ST BROOKSVILLE, FL 34613 Mailing Address

12412 WEBSTER ST

BROOKSVILLE, FL 34613 US

FILED Apr 17, 2008 08:00 A Secretary of State



02282008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1957109

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Desired Fee Requ

6. Name and Address of Current Registered Agent

R & R TREE SERVICE INC DBA R & R TREE SERVICE 12412 WEBSTER ST BROOKSVILLE, FL 34613

## DO NOT WRITE IN THIS SPACE

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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					<u> </u>	DATE compression	allips to the same
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fir Trust Fund Contributio		\$5.00 May Be Added to Fees	U00 05/01/	000904567 08-80018-002	2 150.00
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES NOHEJL, ERIC P 12412 WEBSTER ST BROOKSVILLE, FL 34613						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOHEJL, ERIC P 12412 WEBSTER ST BROOKSVILLE, FL 34613						
TITLE NAME STREET AODRESS CITY-ST-ZIP	TRES NOHEJL, ERIC P 12412 WEBSTER ST BROOKSVILLE, FL 34613			DO	NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NOHEJL, ERIC P 12412 WEBSTER ST BROOKSVILLE, FL 34613			IN:	THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #