

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90396 045 ***158.75

DOCUMENT # P05000112057 1. Entity Name THE ERKERT GROUP CORP.					
Principal Place of Business 4970 SHERWOOD FOREST DRIVE DELRAY BEACH, FL 33445			Mailing Address 4970 SHERWOOD FOREST DRIVE DELRAY BEACH, FL 33445		
2. Principal Place of Business 27405 US Hwy 27 Ste. 121		3. Mailing Address 27405 US Hwy 27 Ste. 121			
City & State Leesburg FL		City & State Leesburg FL		4. FEI Number 20-3418579	
Zip 34748		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERKERT, JR., JOHN H 4970 SHERWOOD FOREST DRIVE DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 27405 US Hwy 27 Ste 121 Leesburg City FL Zip Code 34748	
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 John H. ERKERT JR. DATE 4-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERKERT, JR., JOHN H 4970 SHERWOOD FOREST DRIVE DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	27405 US Hwy 27 #121 Leesburg FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERKERT, JOANNE M 4970 SHERWOOD FOREST DRIVE DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	27405 US Hwy 27 #121 Leesburg FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ERKERT, III, JOHN H 4970 SHERWOOD FOREST DRIVE DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	27405 US Hwy 27 #121 Leesburg FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: John H. ERKERT JR. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-21-06 Daytime Phone # 352-365-9004		