

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90463 047 \*\*\*158.75

**DOCUMENT # P05000112433**

1. Entity Name  
**ERIKA, INC.**



Principal Place of Business  
**C/O DAVID G. BUDD  
3033 RIVIERA DR STE 201  
NAPLES, FL 34103-2750**

Mailing Address  
**C/O DAVID G. BUDD  
3033 RIVIERA DR STE 201  
NAPLES, FL 34103-2750**

**40091773**



2. Principal Place of Business - No P.O. Box #  
**5551 Ridgewood Drive**

3. Mailing Address  
**c/o David G. Budd**

Suite, Apt. #, etc.  
**Suite 501**

Suite, Apt. #, etc.  
**5551 Ridgewood Dr., #501**

**04262007 Chg-P CR2E034 (12/06)**

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**20-3331095**

Applied For  
**Not Applicable**

Zip  
**34108**

Country  
**USA**

Zip  
**34108**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**BUDD, DAVID G  
3033 RIVIERA DR STE 201  
NAPLES, FL 34103-2750**

**7. Name and Address of New Registered Agent**

Name

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

**5551 Ridgewood Drive, Suite 501**

City  
**Naples**

FL

Zip Code  
**34108**

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 *David G. Budd*

**David G. Budd, Registered Agent**

**4/27/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

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	<b>VS BUDD, DAVID G</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3033 RIVIERA DR STE 201</b>	
CITY-ST-ZIP	<b>NAPLES, FL 341032750</b>	
TITLE NAME	<b>PTD STARMAN, SHELDON W</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4099 TAMiami TR NORTH SUITE 400</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34103</b>	
TITLE NAME	<b>V DAVIS, JULIA M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9201 W OLYMPIC BLVD SUITE 200</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, CA 90212</b>	
TITLE NAME	<b>AS LAPIN, DAVID A</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9201 W OLYMPIC BLVD SUITE 200</b>	
CITY-ST-ZIP	<b>BEVERLY HILLS, CA 90212</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5551 Ridgewood Drive, Suite 501</b>	
CITY-ST-ZIP	<b>Naples, FL 34108</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *David G. Budd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/07**

**(239) 514-1000**

Date

Daytime Phone #

**DAVID G. BUDD, VICE PRESIDENT**