

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005482

Entity Name: ER HOME SERVICES

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

6953 NASA BLVD.
WEST MELBOURNE, FL 32904

New Principal Place of Business:

6215 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952

Current Mailing Address:

PO BOX 410971
MELBOURNE, FL 32941

New Mailing Address:

6215 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952

FEI Number: 20-4123262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, ROSE M
6215 SOUTH TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUIZ, ROSE M
Address: 6215 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: VP () Delete
Name: RUIZ, ENRIQUE J
Address: 6215 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ROSE M RUIZ

P

04/15/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date