


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000017966 1. Entity Name ERIKA'S ENDEAVORS, INC.	
---	---

Principal Place of Business 1571 S. ATLANTIC AVENUE #403 NEW SMYRNA BEACH, FL 32169	Mailing Address 1571 S. ATLANTIC AVENUE #403 NEW SMYRNA BEACH, FL 32169
--	--



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4242209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBNEY, ERIKA
1571 S. ATLANTIC AVENUE
#403
NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GIBNEY, ERIKA
STREET ADDRESS	1571 S. ATLANTIC AVENUE #403
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000849145
03/21/08-80009-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Erika Gibney Erika Gibney 3/4/08 386-423-2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #