

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90060 049 \*\*\*150.00

<b>DOCUMENT # P07000033833</b> 1. Entity Name <b>ERICKSEN AND ASSOCIATES, INC.</b>					
Principal Place of Business <b>3 NORTH 4TH STREET # 1 FERNANDINA BEACH, FL 32034</b>			Mailing Address <b>3 NORTH 4TH STREET # 1 FERNANDINA BEACH, FL 32034</b>		
2. Principal Place of Business - No P.O. Box # <b>1919 Sunrise Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>1919 Sunrise Drive</b> Suite, Apt. #, etc.			
City & State <b>Fernandina Beach, FL</b>		City & State <b>Fernandina Beach, FL</b>		4. FEI Number <b>74-32577-68</b>	
Zip <b>32034</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ERICKSEN, TODD S 1919 SUNRISE DRIVE FERNANDINA BEACH, FL 32034</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <b>Todd S. Erickson</b> <span style="float: right;">1/4/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ERICKSEN, TODD S</b> <b>1919 SUNRISE DRIVE</b> <b>FERNANDINA BEACH, FL 32034</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>Todd S. Erickson</b> <span style="float: right;">1/4/07 904-753-4484</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					