


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000017077
 1. Entity Name
THE ERIKSEN CORPORATION



Principal Place of Business Mailing Address
 2403 LOST BALL DRIVE SEBRING, FL 33872 2403 LOST BALL DRIVE SEBRING, FL 33872



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02252005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0402373** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ERIKSEN, FRED
2403 LOST BALL DRIVE
SEBRING, FL 33872

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **ERIKSEN, FRED**
 STREET ADDRESS **2403 LOST BALL DRIVE**
 CITY-ST-ZIP **SEBRING, FL 33872**

Change Addition
000000337502
04/27/05-80171-004 150.00

TITLE **D** Delete
 NAME **ERIKSEN, PILAR**
 STREET ADDRESS **2403 LOST BALL DRIVE**
 CITY-ST-ZIP **SEBRING, FL 33872**

TITLE *President* Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Pilar Eriksen* *Pilar Eriksen* *4/25/05 8033820005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #