## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # P93000039661** 04-11-2005 90191 015 \*\*\*150 00 **ERIE ROAD CORPORATION** Principal Place of Business Mailing Address 96696996 548-48TH ST. CT. E PO BOX 449 BRADENTON, FL 34208 ELLENTON, FL 34222 2. Principal Place of Business 3. Mailing Address 5215 SR 64 East Suite, Apt. #, etc. Suite, Apt. #, etc. 04012005 CR2E034 (10/03) City & State Bradenton FL Applied For City & State 4. FEI Number 65-0414814 Not Applicable Country \$8.75 Additional Country 34208 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Thomas B Brown **BROWN, THOMAS B 502 48TH STREET COURT EAST** Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34208 5215 SR 64 East City Bradenton -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. THomas B. Brown Pres. 4/5/05 (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Change ☐ Addition TITLE Delete Brown, Thomas B BROWN, THOMAS B NAME NAME 32 Tidy Island Blvd. STREET ADDRESS 548-48TH ST. CT. EAST STREET ADDRESS Bradenton, FL 34210 CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TIT! E ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Thomas B Brown

4/05/05

941-741-2500

Daytime Phone #

FILED