


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000024236</b> 1. Entity Name EHRlich ROAD PROPERTIES, INC.	
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Principal Place of Business 5018 N CLARK AVE TAMPA, FL 33614 US	Mailing Address 5018 N CLARK AVE TAMPA, FL 33614 US
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01112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3235784	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WESTMORE, H. SCOTT 5018 N CLARK AVE TAMPA, FL 33614-6532
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WESTMORE, H. SCOTT 5018 N CLARK AVE TAMPA, FL 33614
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000000015717  
01/28/04-80025-016 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-04 813-  
872-7628  
Date Daytime Phone #