

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90388 003 \*\*\*150.00



**DOCUMENT # P96000090912**  
 1. Entity Name  
**GERARD A. ERRICO, INC.**

Principal Place of Business      Mailing Address  
**4249 PINE ISLE DR**      **4249 PINE ISLE DR**  
**LUTZ FL 33549**      **LUTZ FL 33549**

2. Principal Place of Business      3. Mailing Address  
*5104 PHEASANT WOODS DR*      *5104 PHEASANT WOODS DR*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**LUTZ FL**      **LUTZ FL**  
 Zip      Country      Zip      Country  
**33558 HILLSBOROUGH**      **33558 HILLSBOROUGH**

4. FEI Number **59-3412130**      Applied For  
 Not Applicable

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

1st MOORE      CR2E034 (10/04)



6. Name and Address of Current Registered Agent  
**SEIFTER, FRED**  
**1707 OAK BRANCH COURT**  
**BRANDON FL 33511**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>ERRICO, GERARD</b> <b>4249 PINE ISLE DR.</b> <b>LUTZ FL 33558</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>EVANS, LARRY</b> <b>1912 REBECCA RD</b> <b>LUTZ FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Gerard A. Errico*      **GERARD A. ERRICO**      4-12-05      813-610-2751  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #