

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060105

FILED  
Aug 15, 2005  
Secretary of State

Entity Name: BLUGOLD COMMUNICATIONS, INC.

**Current Principal Place of Business:**

16122 N FLORIDA AVE  
LUTZ, FL 33549 US

**New Principal Place of Business:**

13621 N FLORIDA AVE  
TAMPA, FL 33613 US

**Current Mailing Address:**

P.O. BOX 280117  
TAMPA, FL 336820117 US

**New Mailing Address:**

FEI Number: 59-3462370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ERICKSON, BRIAN S  
16213 SEPTEMBER DR.  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ERICKSON, BRIAN S  
Address: 16213 SEPTEMBER DR  
City-St-Zip: LUTZ, FL 33549 US

Title: D ( ) Delete  
Name: WOLF-ERICKSON, HEATHER  
Address: 16213 SEPTEMBER DR  
City-St-Zip: LUTZ, FL 33549 US

Title: DV ( ) Delete  
Name: FARRIS, DAVID R  
Address: 9419 HUNTERS POND DR  
City-St-Zip: TAMPA, FL 33647 US

Title: D ( ) Delete  
Name: FARRIS, LORI K  
Address: 9419 HUNTERS POND DR  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN S. ERICKSON

PRES

08/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date