

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000001729	
1. Entity Name ERICKSON'S ELECTRICAL SERVICES, INC.	

Principal Place of Business 10151 OSCEOLA DRIVE NEW PORT RICHEY, FL 33654	Mailing Address 10151 OSCEOLA DRIVE NEW PORT RICHEY, FL 33654
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FCI Number 59-3492858	Applicant Fee Non Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ERICKSON, JOHN 10151 OSCEOLA DRIVE NEW PORT RICHEY, FL 33654
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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 _____	DATE _____
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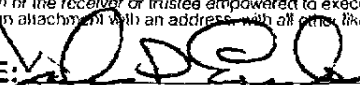
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	NAME ERICKSON, JOHN
STREET ADDRESS 10151 OSCEOLA DRIVE	CITY ST ZIP NEW PORT RICHEY, FL 33654
TITLE PD	NAME ERIKSON, KRISTIN
STREET ADDRESS 10151 OSCEOLA DRIVE	CITY ST ZIP NEW PORT RICHEY, FL 33654
TITLE ST	NAME ERICKSON, JOHN
STREET ADDRESS 10151 OSCEOLA DRIVE	CITY ST ZIP NEW PORT RICHEY, FL 33654
TITLE V	NAME COLANNINO, ROBERT W
STREET ADDRESS 10151 OSCEOLA DRIVE	CITY ST ZIP NEW PORT RICHEY, FL 33654
TITLE 	NAME
STREET ADDRESS 	CITY ST ZIP
TITLE 	NAME
STREET ADDRESS 	CITY ST ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/27/06-80020-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	John D Erickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	