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

04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3492858

Applied For / Not 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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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: _____
(REQUIRED) (Typed or printed name of registered agent and title if applicable) (DATE) (Registered Agent signature required when reinstated)

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

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	

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04/27/06-80020-008 150.00

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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 (Date)