2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 23, 2007 08:00 A DOCUMENT # P98000001729 **Secretary of State** 1. Entity Namo ERICKSON'S ELECTRICAL SERVICES, INC. Principal Place of Business Mailing Address 10151 OSCEOLA DRIVE NEW PORT RICHEY FL 33654 10151 OSCEOLA DRIVE NEW PORT RICHEY FL 33654 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/06) 1st MOORE Applied For City & State City & State 4. FEI Number 59-3492858 Not Applicable Zıp Zip Country \$8.75 Additional Country 5. Certificate of Status Desirod Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERICKSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 10151 OSCEOLA DRIVE **NEW PORT RICHEY FL 33654** City 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 Sometime, famous or printed name of modification point and title chapticable. INOTE: Registered Agent signature required when registating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition TIFLE HIEL Delete ERICKSON, JOHN NAMI NAME 10151 OSCEOLA DRIVE STREET ADDRESS STRUTT ADDRESS NEW PORT RICHEY FL 33654 CITY ST-78P CHY SL 7IP Change Addition Delete TIME HILE ERIKSON, KRISTIN NAMI 10151 OSCEOLA DRIVE STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 33654 CITY-SI-7IP CHY+SI-7IP H00000676517 03/30/07-80055 decharge 15 to Adultion ST Delete 11111 2014 ERICKSON, JOHN NAMI NAM! 10151 OSCEOLA DRIVE STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 33654 CHY-SI-7#P CHY-S1-7IP ☐ Change ☐ Addition Delete. 111)11 1 . . . COLANNINO, ROBERT W NAM NAMI 10151 OSCEOLA DRIVE " * * STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 33654 CITY+ST ZP CHY 51-ZIE ☐ Addition ☐-Defete DHE 1. 11 . NAMI NAMI STREET EADORESS STREET ADDRESS CHY SI-ZIP CITY-ST-7/P ☐ Addition Defete HITTE ☐ Change TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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

3-21-07

727-863-0259

FILED