

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90351 016 ***150.00

DOCUMENT # P98000003789



1. Entity Name
ERCO DEVELOPMENT, INC.

Principal Place of Business
P.O. BOX 1508
WINTER PARK, FL 32790

Mailing Address
P.O. BOX 1508
WINTER PARK, FL 32790



2. Principal Place of Business
535 Park Avenue North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

Suite 224

City & State

City & State

Winter Park, FL

4. FEI Number
59-3486258

Applied For
Not Applicable

Zip
32789

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
28 W. CENTRAL BOULEVARD
P.O. BOX 3444
ORLANDO, FL 32802

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

28 W. Central Blvd., Suite 401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDAS ☐ Delete
NAME UDO, GARBE
STREET ADDRESS 535 PARK AVENUE NORTH
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE AT ☐ Delete
NAME UDO, GARBE
STREET ADDRESS 535 PARK AVENUE NORTH
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VP ☐ Delete
NAME ANGELIKA, GARNE
STREET ADDRESS 535 PARK AVENUE NORTH
CITY-ST-ZIP WINTER PARK, FL 32289

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Garbe, Udo
STREET ADDRESS P.O. Box 1508
CITY-ST-ZIP Winter Park, FL 32790-1508

TITLE ☒ Change ☐ Addition
NAME Garbe, Udo
STREET ADDRESS P.O. Box 1508
CITY-ST-ZIP Winter Park, FL 32790-1508

TITLE ☒ Change ☐ Addition
NAME VPAS Garbe, Angelika
STREET ADDRESS P.O. Box 1508
CITY-ST-ZIP Winter Park, FL 32790-1508

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UDO Garbe

4-26-04

Date

Daytime Phone #