


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

04-25-2005 90264 046 ***150.00

DOCUMENT # P98000003789 1. Entity Name ERCO DEVELOPMENT, INC.		
Principal Place of Business 535 PARK AVE N. STE 224 WINTER PARK, FL 32789	Mailing Address P.O. BOX 1508 WINTER PARK, FL 32790	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS, WARREN E <i>535 N. Park Ave</i> 28 W. CENTRAL BOULEVARD P.O. BOX 1508 STE 401 Winter Park, FL 32790 ORLANDO, FL 32802 <i>32789</i>		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 _____ (NOTE: Registered Agent signature required when reissuing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDAS GARBE, UDO PO BOX 1508 WINTER PARK, FL 327901508	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T UDO, GARBE PO BOX 1508 WINTER PARK, FL 327901508	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS GARBE, ANGELIKA PO BOX 1508 WINTER PARK, FL 327901508	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: X <i>Udo Garbe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>4/19/05</i> <small>Date</small> 407-629-9082 <small>Daytime Phone</small>