## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 17, 2004 8:00 am

DOCUMENT # P99000041860  1. Entity Name  ERIC J INC.					Secretary of State 02-17-2004 90008 046 ***150.00			
409 WILLIAM STREET		Mailing Address 409 WILLIAM STREET KEY WEST, FL 33040				อนบบ	(199	
2. Principal Place of Business  3. Mailing Address  5439 SANDHURST CIR 5439 SANDHURST CIR								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004	04 Chg-P CR2E034 (10/03)			
LAKE WORTH FL		City & State LAKE WORTH, FL		4. FEI Numbe 65-092				
3346	o B Country	<sup>Zip</sup> 35463 C	ountry	5. Certificate	of Status Desired	S8.75 Add Fee Require		
6. Name and Address of Current Registered Agent Name				7. Name and	7. Name and Address of New Registered Agent			
MARBURG, JOHN					(P.O. Box Number is Not Acceptable)			
			City	<del></del>		FL Zip Code	е	
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 tille if applicable. (NOTE: Registered Agent signature required  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Frust Fund Contribution.   Adde				\$5.00 May Be Added to Fees		DATE		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/	CHANGES TO OFFICE	RS AND DIRECTOR	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARBURG, JOHN 1300 FLAGLER AVENUE KEY WEST, FL 33040		NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCD MARBURG, BONITA 1300 FLAGLER AVENUE KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PLES	DENT/DIR	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GOLDIN, ARNOLD 582 LYNNHAVEN PARKWAY # 10 VIRGINIA BEACH, VA 23452	92	NAME STREET ADDRESS	SECRETAR 5030 CHAN BOCK RAT	YIDIR APION BIND ON FL 33	# 66 23 / 3496	Addition	
TITLE			TITLE "	PRESIDEN	TIDIR"	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			NAME:	HEATHER S <b>HB</b> 9 SA	JOENT 10 TEAL NDHURST 2TH FL 3	CIRCLE	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change	Addition	

I hereby certify that the information supplied with this filling 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 leport 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR