2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S34558

1. Entity Name
ERP, INC.

Principal Place of Business	Mailing Address
15119 US 19	15119 US 19
HUDSON, FL 34667	HUDSON, FL 34667

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3053428	Not Applicable

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

6. Name and Address of Current Registered Agent

POULIN, EDMUND R.
15119 US 19
HUDSON, FL 34667

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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 _____

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000646512
03/06/07-80035-013 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PTD	
NAME	POULIN, EDMUND R	
STREET ADDRESS	15119 US 19	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	VSD	
NAME	POULIN, BARBARA I	
STREET ADDRESS	15119 US 19	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: _Barbara O Poulin_ BARBARA I. POULIN. 2/22/07 727-869-6486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _Vice Pres._ Date Daytime Phone #