2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 04, 2004 08:00 AM Secretary of State DOCUMENT # S60129 1. Entity Name ERICK DAVID LAND CORP. Principal Place of Business Mailing Address 1831 NORTH BELCHER ROAD 1831 NORTH BELCHER ROAD SUITE G-3 CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 59-3104163 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAMMOND, JAMES M. ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 1831 N BELCHER RD #A-1 SUITE 700 **CLEARWATER FL 33765** City 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 DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE U00000076288 NAME KRIVACS, JAMES K NAME 03/04/04-80022-007 150.00 1831 N BELCHER RD G3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33765 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE <del>U00000076200</del> ≠0 NAME NAME STREET ADDRESS STREET ADDRESS <del>03/04/04-80822-807-**150.8**0</del> CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: JAMES K. KRIVACS JULIE SUPPLIED TO DESCRIPTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DOTS DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DOTS DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DOTS DESCRIPTION DE LA CONTRACTION DESCRIPTION DE LA CONTRACTION DE LA CONTRACTION