

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62692

Entity Name: ERIF SALES COMPANY, INC.

FILED  
Jan 08, 2009  
Secretary of State

**Current Principal Place of Business:**

740 FLA CENTRAL PKWY  
2044  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 300317  
FERN PARK, FL 32730

**New Mailing Address:**

FEI Number: 59-3076217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WACHSMAN, FREDERICK  
2128 KEWANEE TRAIL  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: WACHSMAN, SCOTT  
Address: 502 HERMITS TRL  
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: PST ( ) Delete  
Name: WACHSMAN, MILDRED  
Address: 2128 KEWANEE TRAIL  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED WACHSMAN

PRES

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date