


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90013 023 ***150.00

DOCUMENT # V27118	
1. Entity Name ERIN SYSTEMS, INC.	

Principal Place of Business 1200 NORTH MAIN D-28 BOAZ, AL 35957 US	Mailing Address 1200 NORTH MAIN D-28 BOAZ, AL 35957 US
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 211 S Church St	Suite, Apt. #, etc. 211 S Church St
City & State BOAZ, AL	City & State BOAZ, AL
Zip 35957	Zip 35957
Country Marshall	Country Marshall

01152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0347240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLEVELAND, PAUL C. 2100 ROCKSFILL ROAD FORT MYERS, FL 33916

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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. (NOTE: Registered Agent signature required when reinstating).	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTS	<input type="checkbox"/> Delete	TITLE PTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAWKINS, WILLIAM H.		NAME William H Hawkins	
STREET ADDRESS 1200 NORTH MAIN D-28		STREET ADDRESS 211 S Church St	
CITY-ST-ZIP BOAZ, AL 35957		CITY-ST-ZIP BOAZ, AL 35957	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAWKINS, WILLIAM H.		NAME William H Hawkins	
STREET ADDRESS 1200 NORTH MAIN D-28		STREET ADDRESS 211 S Church St	
CITY-ST-ZIP BOAZ, AL 35957		CITY-ST-ZIP BOAZ, AL 35957	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: William H Hawkins	DATE: 4/1/04	DAYTIME PHONE #: (256) 593-5177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		