

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000005671

1. Entity Name
EHLERT / BRYAN INC.



Principal Place of Business
**1451 DOLLEY MADISON BLVD., STE 220
MCLEAN, VA 22101**

Mailing Address
**1451 DOLLEY MADISON BLVD., STE 220
MCLEAN, VA 22101**

DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
38-2377874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BACHMAN, BONNIE
725 NORTH A1A, STE E108
JUPITER, FL 33477**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
EHLERT, GEORGE
26100 AMERICAN DR STE 560
SOUTHFIELD, MI 48034**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
BRYAN, WAYNE C
1451 DOLLEY MADISON BLVD., STE 220
MCLEAN, VA**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
BOUFFARD, THOMAS A
1451 DOLLEY MADISON BLVD., STE 220
MCLEAN, VA**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000502383
04/25/06-80100-023 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WAYNE C BRYAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/06
Date

103-827-9552
Daytime Phone #