

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J06644**

1. Entity Name  
**BEHRENS AUDIO LAB, INC.**



Principal Place of Business  
**6711 BEACH BLVD.  
JACKSONVILLE, FL 32216 US**

Mailing Address  
**6711 BEACH BLVD.  
JACKSONVILLE, FL 32216 US**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2655860**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BROOKS, MICHAEL L.  
437 E. MONROE ST, SUITE 202  
JACKSONVILLE, FL 32202**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000101138  
04/02/04-80001-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BEHRENS, WILLIAM C. 300 SUMMERSET DR JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEHRENS, WILLIAM C. 300 SUMMERSET DR JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BEHRENS, SIDNEY H. 300 SUMMERSET DR JACKSONVILLE, FL 32259
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 exemption stated in Section 119.07(3)(f), 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 an officer like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04

Date

Daytime Phone #

904-721-1860