

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # L40712**

1. Entity Name  
**EHLER'S ENTERPRISES INCORPORATED**



05 JUN 30 10:44

Principal Place of Business  
**DINA H. EHLERS  
3871 LAKE EMMA RD  
LAKE MARY, FL 32746**

Mailing Address  
**DINA H. EHLERS  
3871 LAKE EMMA RD  
LAKE MARY, FL 32746**

LAKE MARY, FLORIDA



2. Principal Place of Business  
**3875 Lake Emma Rd.**

3. Mailing Address  
**3871 Lake Emma Rd.**

Suite, Apt. #, etc.  
**3875 Lake Emma Rd.**

Suite, Apt. #, etc.  
**3871 Lake Emma Rd.**

City & State  
**LAKE MARY FL.**

City & State  
**LAKE MARY FL.**

Zip  
**32746**

Country  
**Seminole**

Zip  
**32746**

Country  
**Seminole**

05092005 Chg-P CR2E034 (10/03) 05

4. FEI Number  
**59-2984812**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**EHLERS, DINA H  
3871 LAKE EMMA RD  
LAKE MARY, FL 32746-3345**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EHLERS, DINA H 3871 LAKE EMMA RD LAKE MARY, FL 327463345	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000057344880</b> <b>07/12/05--01035--005 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DINA EHLERS PRES.** **5/23/05** **386-253-1116** **407-333-2640**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DINA EHLERS

6