



# 2006 Florida CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000003151**

1. Entity Name  
R. J. EHRHARDT INSURANCE, INC.



Principal Place of Business  
3623 WOOLBRIGHT RD  
BOYNTON BEACH, FL 33436

Mailing Address  
3623 WOOLBRIGHT RD  
BOYNTON BEACH, FL 33436



01122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0975458

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RAAB, ARIEL  
3471 N FEDERAL HWY  
STE 410  
FORT LAUDERDALE, FL 33306

**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 \_\_\_\_\_ (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           | P                        |
| NAME            | EHRHARDT, ROBIN J        |
| STREET ADDRESS  | 3623 WOOLBRIGHT RD       |
| CITY - ST - ZIP | BOYNTON BEACH, FL 33436  |
| TITLE           | ST                       |
| NAME            | SENDERLING, RICHARD L JR |
| STREET ADDRESS  | 3623 WOOLBRIGHT RD       |
| CITY - ST - ZIP | BOYNTON BEACH, FL 33436  |
| 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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ehrhardt **1-12-05 561 738-91**

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