

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000003151

FILED
Mar 12, 2009
Secretary of State

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

Current Principal Place of Business:

3623 WOOLBRIGHT RD
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

3623 WOOLBRIGHT RD
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 65-0975458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RAAB, ARIEL
440 N ANDREWS AVE
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE:

03/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EHRHARDT, ROBIN J
Address: 3623 WOOLBRIGHT RD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ST () Delete
Name: SENDERLING, RICHARD L JR
Address: 3623 WOOLBRIGHT RD
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN EHRHARDT

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date