

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90141 038 ***150.00

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DOCUMENT # P14863					
1. Entity Name DALE K. EHRHART, INC.					
Principal Place of Business 101 WEST VENICE AVENUE SUITE 10 VENICE, FL 34285 US			Mailing Address 101 WEST VENICE AVENUE SUITE 10 VENICE, FL 34285 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1629695				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTLEY, MICHAEL T %DALE K. EHRHART, INC. 101 W VENICE AVE., SUITE 10 VENICE, FL 34285				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HARTLEY, MICHAEL T 620 VALENCIA RD VENICE, FL 34285 <i>Address change →</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	147 Tampa Ave. E unit 901 <i>Change</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAMMELL, JEAN 418 GULF ST VENICE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRAMMELL, THOMAS B. 418 GULF ST VENICE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARTLEY, GLADYS GETTE 520 VALENCIA ROAD VENICE, FL <i>Legal name change</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Micki R. Gette <i>Change</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, BYRAN A 3820 FLORES AVE SARASOTA, FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <i>Micki R. Gette</i> <i>Ed. D. 3-09-06 941485-8220</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					