2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14863

Title:

Name:

Address:

City-St-Zip:

PD

() Delete

SANDERS, BYRON A

2402 GOLDENROD ST

SARASOTA, FL 34239

Entity Name: DALE K. EHRHART, INC.

FILED Mar 30, 2009 Secretary of State

Littly Name: Dall R. Litkhaki, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
101 WEST VENICE AVENUE SUITE 10 VENICE, FL 34285 US			101 WEST VENICE A SUITE 22 VENICE, FL 34285	AVENUE US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
101 WEST VENICE AVENUE SUITE 10				101 WEST VENICE AVENUE SUITE 22	
VENICE, FL	_ 34285 US	3	VENICE, FL 34285	US	
FEI Number:	59-1629695	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
HARTLEY, MICHAEL T %DALE K. EHRHART, INC. 101 W VENICE AVE., SUITE 10 VENICE, FL 34285 US			%DALE K. EHRHAR 101 W VENICE AVE.	HARTLEY, MICHAEL T %DALE K. EHRHART, INC. 101 W VENICE AVE., SUITE 22 VENICE, FL 34285 US	
The above in the State		ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				03/30/2009	
	Electroni	c Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () I HARTLEY, MICH 147 TAMPA AVE VENICE, FL 342	E, UNIT 901	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I TRAMMELL, JEA 418 GULF ST VENICE, FL	Delete AN,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	TRAMMELL, JÉA 418 GULF ST VENICE, FL	NN, Delete	Name: Address:	() Change () Addition () Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BYRON A. SANDERS PD 03/30/2009

(X) Change () Addition

SANDERS, BYRON A

SARASOTA, FL 34239

2612 TANGLEWOOD DRIVE