


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000008391			
1. Entity Name <b>BEHRENS CORPORATION</b>		Principal Place of Business <b>1929 SO. PALMETTO AVENUE SOUTH DAYTONA FL 32119</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>BEHRENS, HENRY 1929 SO. PALMETTO AVENUE SOUTH DAYTONA FL 32119</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENS, HENRY	NAME	
STREET ADDRESS	1929 SO. PALMETTO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENS, ELIZABETH	NAME	
STREET ADDRESS	1929 SO. PALMETTO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENS, SHAWN P	NAME	
STREET ADDRESS	1929 SO. PALMETTO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENS, KEVIN H	NAME	
STREET ADDRESS	2341 BRIAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRENS, MARY E	NAME	
STREET ADDRESS	1929 SO. PALMETTO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3306494** Applied For  Not Applicable

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

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 02/10/05-80065-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Henry G. Behrens* Date Feb 6, 2005 386-767-5696  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR