# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2006**
**Secretary of State**

DOCUMENT# P95000008391

**Entity Name:** BEHRENS CORPORATION

**Current Principal Place of Business:**

1929 SO. PALMETTO AVENUE
SOUTH DAYTONA, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

1929 SO. PALMETTO AVENUE
SOUTH DAYTONA, FL 32119

**New Mailing Address:**

**FEI Number: 59-3306494** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEHRENS, HENRY
1929 SO. PALMETTO AVENUE
SOUTH DAYTONA, FL 32119 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: BEHRENS, HENRY
Address: 1929 SO. PALMETTO AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete
Name: BEHRENS, ELIZABETH
Address: 1929 SO. PALMETTO AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete
Name: BEHRENS, SHAWN P
Address: 1929 SO. PALMETTO AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete
Name: BEHRENS, KEVIN H
Address: 2341 BRIAN AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D ( ) Delete
Name: BEHRENS, MARY E
Address: 1929 SO. PALMETTO AVENUE
City-St-Zip: SOUTH DAYTONA, FL 32119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: HENRY GBEHRENS PRES 01/21/2006

Electronic Signature of Signing Officer or Director Date