

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V05323

Entity Name: AHRENS ENTERPRISES, INC.

**FILED**  
**Nov 30, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

1461 KINETIC ROAD  
LAKE PARK, FL 33403 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

1461 KINETIC ROAD  
LAKE PARK, FL 33403 US

## **New Mailing Address:**

FEI Number: 65-0297589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

AHRENS, BARBARA  
1461 KINETIC ROAD  
LAKE PARK, FL 33403 US

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

FLEISHER, BARBARA  
1461 KINETIC ROAD  
LAKE PARK, FL 33403 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: BARBARA FLEISHER

11/30/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: AHRENS, BARBARA  
Address: 1461 KINETIC ROAD  
City-St-Zip: LAKE PARK, FL 33403

Title: CEO ( ) Delete  
Name: AHRENS, RICHARD  
Address: 1461 KINETIC ROAD  
City-St-Zip: LAKE PARK, FL 33403

Title: V (X) Delete  
Name: BOITNOTT, DON B  
Address: 1461 KINETIC ROAD  
City-St-Zip: LAKE PARK, FL 33403 US

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

Title: PST (X) Change ( ) Addition  
Name: FLEISHER, BARBARA  
Address: 1461 KINETIC ROAD  
City-St-Zip: LAKE PARK, FL 33403

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: BARBARA FLEISHER

PST

11/30/2009

Electronic Signature of Signing Officer or Director

Date