


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 169090**  
 1. Entity Name  
**FRED BERGER, CO., INC.**



Principal Place of Business      Mailing Address  
 1634 ARABIAN LANE      1634 ARABIAN LANE  
 PALM HARBOR, FL 34685 US      PALM HARBOR, FL 34685 US

**DO NOT WRITE IN THIS SPACE**



03242004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-6064860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent  
 DAVIS, ALLAN B.  
 1600 BARNETT TOWER  
 200 CENTRAL AVE.  
 ST. PETERSBURG, FL 33731

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

1100000116451  
 04/16/04-80065-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BERGER, HAROLD 1634 ARABIAN LANE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DIKMAN, BEVERLY 1634 ARABIAN LANE PALM HARBOR, FL 34685
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *[Signature]*      Date: 4-15-04      Daytime Phone #: 727 7810390