

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90307 010 ***158.75



DOCUMENT # 293297
 1. Entity Name
JACK M. BERRY, INC.

Principal Place of Business: **EAGLE LAKE LOOP RD.(WINTER HAVEN) P.O. BOX 459 LABELLE FL 33935**
 Mailing Address: **PO BOX 5609 ATTN: KATHY MCDANIEL WINTER HAVEN FL 33880 US**



MOORE CR2E034 (11/03)

2. Principal Place of Business: **Hwy 80 West PO Box 459 LaBelle Fl**
 3. Mailing Address: **PO Box 725 Suite, Apt. #, etc. Attn: Kathy McDaniel Windermere FL**
 Zip: **33975-0459 USA** / **34786-0725 USA**

4. FEI Number: **59-1095295**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BERRY, JACK M
 HWY 80 WEST
 LABELLE FL 33935**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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: *[Signature]* DATE: **2/20/04**
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: S	<input type="checkbox"/> Delete
NAME: MCDANIEL, KATHY	
STREET ADDRESS: PO BOX 5406	
CITY-ST-ZIP: WINTER HAVEN FL 33880-0406	
TITLE: D	<input type="checkbox"/> Delete
NAME: SELLERS, CALVIN C	
STREET ADDRESS: 400 EAGLE LAKE LOOP RD	
CITY-ST-ZIP: WINTER HAVEN, FL 00004 33880	
TITLE: CD	<input type="checkbox"/> Delete
NAME: BERRY, JACK M JR	
STREET ADDRESS: 9705 LAKE ISLEWORTH CT.	
CITY-ST-ZIP: WINDERMERE FL 34786	
TITLE: D	<input type="checkbox"/> Delete
NAME: RICHERT, HOLLY B.	
STREET ADDRESS: EAGLE LAKE LOOK ROAD	
CITY-ST-ZIP: WINTER HAVEN FL	
TITLE: DP	<input checked="" type="checkbox"/> Delete
NAME: KEMPER WE	
STREET ADDRESS: 3655 SR 80TH WEST	
CITY-ST-ZIP: ALVA FL	
TITLE: T	<input type="checkbox"/> Delete
NAME: COLEMAN, HAROLD R	
STREET ADDRESS: 3655 SR 80 WEST	
CITY-ST-ZIP: ALVA FL 33920	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Devers, Daniel J	
STREET ADDRESS: 2520 Sand Mine Road	
CITY-ST-ZIP: Davenport, FL 33897	
TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Bush, Jr., William E	
STREET ADDRESS: 3655 SR 80 West	
CITY-ST-ZIP: Alva, FL 33920	
TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Cloughley, James E	
STREET ADDRESS: 3655 SR 80 West	
CITY-ST-ZIP: Alva, FL 33920	
TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Caldwell; Ernest W	
STREET ADDRESS: 2520 Sand Mine Road	
CITY-ST-ZIP: Davenport, FL 33897	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: **2/20/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #