
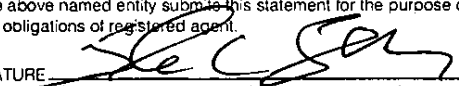
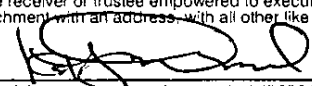


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90449 023 ***158.75

DOCUMENT # 293297			
1. Entity Name JACK M. BERRY, INC.			
Principal Place of Business HWY 80 WEST P.O. BOX 459 LABELLE, FL 33975-0459		Mailing Address PO BOX 725 ATTN: KATHY MCDANIEL WINDERMERE, FL 34786-0725 US	
2. Principal Place of Business PO Box 459		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Labelle FL		City & State	
33975-0459		Country Hendry Zip	
Country Hendry		Country	
33975-0459		Country	
4. FEI Number 59-1095295		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERRY, JACK M HWY 80 WEST LABELLE, FL 33935		Name Floyd, Thomas C.	
		Street Address (P.O. Box Number is Not Acceptable) 2520 Sand Mine Road	
		City Davenport FL Zip Code 33897	
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 		Thomas C. Floyd 2-23-05	
Signature typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCDANIEL, KATHY PO BOX 5406 WINTER HAVEN, FL 338800406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 725 Windermere, Fl 34786-0725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLERS, CALVIN C 400 EAGLE LAKE LOOP RD WINTER HAVEN, FL 00000, 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8179 Glenmore Drive Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BERRY, JACK M JR 9705 LAKE ISLEWORTH CT. WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 725 Windermere, Fl 34786-0725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHERT, HOLLY B. EAGLE LAKE LOOK ROAD WINTER HAVEN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1775 Eloise Loop Road Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEVERS, DANIEL J 2520 SAND MINE RD DAVENPORT, FL 33897 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Cloughley, James C 3655 SR 80 West Alva, Fl 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, HAROLD R 3655 SR 80 WEST ALVA, FL 33920 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Bush, William E 3655 SR 80 West Alva, Fl 33920
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		Kathy McDaniel, Secretary 2/22/05 (407) 909-0540	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	