2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 293297

1. Entity Name
JACK M. BERRY, INC.

FILED
05 AUG 17 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08092005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
P.O. BOX 459 LABELLE, FL 33975-0459	PO BOX 725 ATTN: KATHY MCDANIEL WINDERMERE, FL 34786-0725 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
FLOYD, THOMAS C 2520 SAND MINE ROAD DAVENPORT, FL 33897	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S ☐ Delete NAME MCDANIEL, KATHY STREET ADDRESS P.O. BOX 725 CITY-ST-ZIP WINDERMERE, FL 347860725		TITLE T ☐ Change ☒ Addition NAME H. Robert Coleman STREET ADDRESS a/k/a Harold R. Coleman CITY-ST-ZIP 3655 SR 80 West Alva, FL 33920	
TITLE D ☐ Delete NAME SELLERS, CALVIN C STREET ADDRESS 8179 GLENMORE DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32312		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE CD ☐ Delete NAME BERRY, JACK M JR STREET ADDRESS P.O. BOX 725 CITY-ST-ZIP WINDERMERE, FL 347860725		TITLE ☐ Change ☐ Addition NAME 200059140392 STREET ADDRESS 08/31/05--01002--010 **61.25 CITY-ST-ZIP	
TITLE D ☐ Delete NAME RICHERT, HOLLY B. STREET ADDRESS 1775 ELOISE LOOP ROAD CITY-ST-ZIP WINTER HAVEN, FL 33884		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DP ☐ Delete NAME DEVERS, DANIEL J STREET ADDRESS 2520 SAND MINE RD CITY-ST-ZIP DAVENPORT, FL 33897		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP ☐ Delete NAME CLOUGHLEY, JAMES C STREET ADDRESS 3655 SR 80 WEST CITY-ST-ZIP ALVA, FL 33920		TITLE ☐ Change ☐ 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: _____ 8/12/05 863-420-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #