

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90013 035 ***158.75

DOCUMENT # 293297			
1. Entity Name JACK M. BERRY, INC.			
Principal Place of Business 2520 SAND MINE RD DAVENPORT, FL 33897		Mailing Address PO BOX 725 ATTN: KATHY MCDANIEL WINDERMERE, FL 34786-0725 US	
2. Principal Place of Business - No P.O. Box #		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 - <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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
T NAME: FONTENOT, DANIEL S STREET ADDRESS: 2520 SAND MINE RD CITY-ST-ZIP: DAVENPORT, FL 33897	<input type="checkbox"/> Delete	TD NAME: TD STREET ADDRESS: TD CITY-ST-ZIP: TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: SELLERS, CALVIN C STREET ADDRESS: 8179 GLENMORE DRIVE CITY-ST-ZIP: TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	VP NAME: Floyd, Thomas C STREET ADDRESS: 2520 Sand Mine Road CITY-ST-ZIP: Davenport, FL 33897	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CD NAME: BERRY, JACK M JR STREET ADDRESS: P.O. BOX 725 CITY-ST-ZIP: WINDERMERE, FL 347860725	<input type="checkbox"/> Delete	S NAME: McDaniel, Kathy H STREET ADDRESS: PO Box 725 CITY-ST-ZIP: Windermere, FL 34786-0725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: RICHERT, HOLLY B. STREET ADDRESS: 1775 ELOISE LOOP ROAD CITY-ST-ZIP: WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP NAME: DEVERS, DANIEL J STREET ADDRESS: 2520 SAND MINE RD CITY-ST-ZIP: DAVENPORT, FL 33897	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: CLOUGHLEY, JAMES E STREET ADDRESS: 3655 SR 80 WEST CITY-ST-ZIP: ALVA, FL 33920	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Jack M. Berry, Jr. 2/15/08 (863) 420-6699	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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