

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 577260

FILED
Jan 13, 2009
Secretary of State

Entity Name: BLUCHER AND BERTHA, INC.

Current Principal Place of Business:

2850 LAKE LETTA (AVON PARK)
PO BOX 193
SEBRING, FL 338710193

New Principal Place of Business:

12330 ALTMAN ROAD
FT. MEADE, FL

Current Mailing Address:

2850 LAKE LETTA (AVON PARK)
PO BOX 193
SEBRING, FL 338710193

New Mailing Address:

P.O. BOX 193
SEBRING, FL 338710193

FEI Number: 59-1830746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, BRENDA J
2850 LAKE LETTA DRIVE
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NELSON, BRENDA J
Address: 4001 SEABRING PARKWAY
City-St-Zip: SEBRING, FL 33870

Title: PD () Delete
Name: SKIPPER, ELOISE
Address: 12330 ALTMAN RD
City-St-Zip: FT MEADE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELOISE SKIPPER

PD

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date