


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90029 022 ***150.00

DOCUMENT # J98222

1. Entity Name
BERNELL, INC.



Principal Place of Business
**35235 US HIGHWAY 19 N.
 PALM HARBOR, FL 34684 US**

Mailing Address
**35235 US HIGHWAY 19 N.
 PALM HARBOR, FL 34684 US**

54011279

2. Principal Place of Business
**3340 Hickorywood Way
 Tarpon Springs, FL**

3. Mailing Address
**3340 Hickorywood Way
 Tarpon Springs, FL**



02222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2852880

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

6. Name and Address of Current Registered Agent
**HALE, MARION
 911 CHESTNUT ST.
 CLEARWATER, FL 34617**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME SAGAL, ELLEN KAY	
STREET ADDRESS 3340 HICKORYWOOD WAY	
CITY-ST-ZIP TARPON SPG, FL 34689	
TITLE VP	<input type="checkbox"/> Delete
NAME SAGAL, LAWRENCE D.	
STREET ADDRESS 3340 HICKORYWOOD WAY	
CITY-ST-ZIP TARPON SPRINGS, FL 34689	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	34688
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	34688
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: Ellen Sagal Ellen Sagal **2.22.04 727-492-0523**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #