2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90068 022 ***150.00

DOCUMENT # P03000030386

1. Entity Name
BERT GOTTFRIED, INC.

Principal Place of Business
1140 ASHLYN DR.
WEST MELBOURNE, FL 32904

Mailing Address
1140 ASHLYN DR.
WEST MELBOURNE, FL 32904

40042085

03032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number ~~20-0820217~~ 56-2334467 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

GOTTFRIED, SUSAN S
1140 ASHLYN DR.
WEST MELBOURNE, FL 32904

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 _____
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GOTTFRIED, SUSAN S	
STREET ADDRESS	1140 ASHLYN DR.	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	
TITLE	V	☐ Delete
NAME	GOTTFRIED, BERTRAM D	
STREET ADDRESS	1140 ASHLYN DR.	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	
TITLE	S	☐ Delete
NAME	GOTTFRIED, SUSAN S	
STREET ADDRESS	1140 ASHLYN DR.	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	
TITLE	T	☐ Delete
NAME	GOTTFRIED, BERTRAM D	
STREET ADDRESS	1140 ASHLYN DR.	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: _____ 3/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #