

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000021290

Entity Name: BERNE PROPERTIES, INC.

FILED  
Mar 27, 2009  
Secretary of State

**Current Principal Place of Business:**

112 LONGBRANCH ROAD  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2084  
GOLDENROD, FL 327332084 US

**New Mailing Address:**

FEI Number: 59-3713935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURKEY, JOHN D.  
1400 GRASSLANDS BLVD #66  
LAKELAND, FL 33803 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: DPTS ( ) Delete  
Name: BURKEY, JOHN D  
Address: 1400 GRASSLANDS BLVD, #66  
City-St-Zip: LAKELAND, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V ( ) Change (X) Addition  
Name: SHAFFER, STEPHEN L  
Address: 112 LONGBRANCH ROAD  
City-St-Zip: WINTER PARK, FL 32792

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: STEPHEN L. SHAFFER

V

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date