2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 07, 2005 08:00 AM **Secretary of State** DOCUMENT # P95000095871 1. Entity Name BERNER & PRIOR, INC. Mailing Address Principal Place of Business 810 S STERLING AVE 810 S STERLING AVE TAMPA, FL 33609 TAMPA, FL 33609 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3352586 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERNER, DAVID R DO NOT WRITE 810 S STERLING AVE TAMPA, FL 33609 IN THIS SPACE 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) U00000217627 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 02/07/05-80033-006 *15*0.00 OFFICERS AND DIRECTORS 10. TITLE BERNER, DAVID R NAME 810 S. STERLING AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 TITLE PRIOR, W. KELLY JR. NAME 810 S. STERLING AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ππε NAME STREET ADDRESS CITY-ST-2IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 Date 813-875-5263

Daytime Phone #

FILED