

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

Amended

Amended

DOCUMENT # P03000071629

1. Entity Name  
BERRI PATCH PRESCHOOL, INC.



FILED

2008 APR 16 AM 7:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1335 BERRI PATCH PL  
MELBOURNE, FL 32935

Mailing Address  
1335 BERRI PATCH PL  
MELBOURNE, FL 32935

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082008

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-0111181

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FOLEY, VIRGINIA T  
1335 BERRI PATCH PL  
MELBOURNE, FL 32935

## 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 D  
NAME FOLEY, VIRGINIA T  
STREET ADDRESS 1335 BERRI PATCH PL  
CITY-ST-ZIP MELBOURNE, FL 32935 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/M  
NAME Virginia Foley  
STREET ADDRESS 1335 Berri Patch Place, Ste #1  
CITY-ST-ZIP Melbourne, FL 32935 ☒ Change ☐ Addition

TITLE D  
NAME PISCIOFFO, DEBORAH A.  
STREET ADDRESS 3516 FINCH DRIVE  
CITY-ST-ZIP MELBOURNE, FL 32935 ☐ Change ☒ Addition

TITLE D  
NAME DURBIN, KELLY M.  
STREET ADDRESS 1443 ALBERNI ST NW  
CITY-ST-ZIP PALM BAY, FL 32907 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Virginia Foley* Virginia Foley 4/11/08 (321) 253-8998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #