

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90042 032 ***150.00

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1. Entity Name
BERNIE LITTLE DISTRIBUTORS, INC.



Principal Place of Business
**4105 MAINE AVENUE
EATON PARK
EATON PARK, FL 33840 US**

Mailing Address
**P.O. BOX 1128
EATON PARK, FL 33840 US**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1419209

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOODWIN, JAMES W ESQ.
11 MADISON ST, STE 2300
TAMPA, FL 33602**

**DO NOT WRITE
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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	HAM, REBECCA
STREET ADDRESS	4105 MAINE AVENUE
CITY - ST - ZIP	EATON PARK, FL
TITLE	PD S CEO D
NAME	LITTLE, JOSEPH K
STREET ADDRESS	4105 MAINE AVENUE
CITY - ST - ZIP	EATON PARK, FL
TITLE	P
NAME	HARRIS, STEVEN K
STREET ADDRESS	4105 MAINE AVENUE
CITY - ST - ZIP	EATON PARK, FL 33840
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06
Date

863 665-3615
Daytime Phone #