

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 472321**

1. Entity Name  
**BERNWOOD ENTERPRISES, INC.**



Principal Place of Business

**6100 ESTERO BLVD  
P O BOX 2579  
FT MYERS BEACH, FL 33932 US**

Mailing Address

**6100 ESTERO BLVD  
P O BOX 2579  
FT MYERS BEACH, FL 33932 US**



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1583683**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ECHOLS, LARRY A  
6100 ESTERO BLVD  
FT MYERS BEACH, FL 33932**

**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 PD  
NAME RITTER, PAUL D  
STREET ADDRESS 65 EAST STATE STREET  
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE VD  
NAME BERNET, VIRGINIA N  
STREET ADDRESS 26140 HICKORY BLVD S.W., # 101  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE SD  
NAME HORDYCH, GERALD J  
STREET ADDRESS 91 CATAWBA DRIVE  
CITY-ST-ZIP NORTH EAST, PA 16428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000441473  
03/13/06-80038-006 150.00

**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: Gerald J. Hordych Sec'y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald J. Hordych

2/16/06 814-898-1686  
Date Daytime Phone #