

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 521853

1. Entity Name
BERISH ELECTRICAL CONTRACTORS, INC.



FILED
Sep 03, 2008 08:00 AM
Secretary of State

Principal Place of Business
3139 MEDINAH CIR. W.
P O BOX 5664 (33466)
LAKE WORTH, FL 33467

Mailing Address
3139 MEDINAH CIR. W.
P O BOX 5664 (33466)
LAKE WORTH, FL 33467



08252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1710382

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERISH, PATRICK E
3139 MEDINAH CIR, W
LAKE WORTH, FL 33467

**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

U00000958817
09/03/08-80003-010 158.75

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
BERISH, PATRICK E.
3139 MEDINAH CIRCLE W.
LAKE WORTH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BERISH, PATRICK E.
3139 MEDINAH CIRCLE W.
LAKE WORTH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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: Patrick Berish / President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-315-9268
8-26-08
Date Daytime Phone #