

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 577260

1. Entity Name
BLUCHER AND BERTHA, INC.



Principal Place of Business
**2850 LAKE LETTA (AVON PARK)
PO BOX 193
SEBRING, FL 33871-0193**

Mailing Address
**2850 LAKE LETTA (AVON PARK)
PO BOX 193
SEBRING, FL 33871-0193**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1830746

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NELSON, BRENDA J.
2850 LAKE LETTA DRIVE
AVON PARK, FL 33825**

**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 _____ (NOTE: Registered Agent signature required when re-filing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	NELSON, BRENDA J.
STREET ADDRESS	4001 SEABRING PARKWAY
CITY - ST - ZIP	SEBRING, FL 33870

TITLE	PD
NAME	SKIPPER, ELOISE
STREET ADDRESS	12330 ALTMAN RD
CITY - ST - ZIP	FT MEADE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/16/07-80054-008 150.00

**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: *Brenda J. Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07

Date

863 385 0125

Daytime Phone #