2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # 681415 1. Entity Name BERKEY ENGINEERING, INC.					Secre	cary or k	rac
Principal Plac	e of Business	Mailing Address	<u> </u>				
1763 N.W. 93RD TERR 1763 N.W. 93RD TERR C/O THOMAS F. BERKEY C/O THOMAS F. BERKEY							
		CORAL SPRINGS, FL 33071					51 11838 337 111 11 33 3111113
DO NOT WRITE IN THIS SPACE							
			CE	03212004	No Chg-P	CR2E034 (10/	Applied For
				4. FEI Number 59-202			Not Applicable
		,		5. Certificate	of Status Desired	\$8.75 Fee Red	Additional uired
6. Name and Address of Current Registered Agent							
BERKEY, THOMAS F.				DO	NOT W	RITE	
1763 N.W. 93RD TERR CORAL SPRINGS, FL 33071							
				liV l	THIS SP	AUE	
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 arthited name of registered agent and file it applicable. (NOTE, Registere			ed Agent signature required	i when reinstating)	<u> </u>	. DATE	<u></u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees		0095155 80020-021	150.00
10.	OFFICERS AND DIR	ECTORS	1				
TITLE NAME	PD BERKEY, THOMAS F.						
STREET ADDRESS	1763 N.W. 93RD TERR						
CITY-ST-ZIP	CORAL SPRINGS, FL	<u></u>	1				
HAME	BERKEY, MARY ANN						
STREET ADDRESS CITY-ST-ZIP	1763 N.W. 93RD TERR CORAL SPRINGS, FL						
TITLE	D DEDUCEN MARKET		1	-			
NAME STREET ADDRESS	BERKEY, MARY ANN 1763 N.W. 93RD TERR			\mathbf{n}	NOT W	DITE	
CITY-ST-ZP CORAL SPRINGS, FL			DO NOT WRITE				
TITLE NAME		i	IN .	THIS SF	PACE		
STREET ADDRESS]				
GITY-ST-ZIP		·	-				
NAME							
STREET ADDRESS CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 it made under oath, that I am an officer or director of the corporation of 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.

Mary Ann Berker

TITLE NAME STREET ADDRESS