

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 681415

1. Entity Name
BERKEY ENGINEERING, INC.



Principal Place of Business
**1763 N.W. 93RD TERR
C/O THOMAS F. BERKEY
CORAL SPRINGS, FL 33071**

Mailing Address
**1763 N.W. 93RD TERR
C/O THOMAS F. BERKEY
CORAL SPRINGS, FL 33071**



04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **69-2022230** Applied for ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BERKEY, THOMAS F.
1783 N.W. 93RD TERR
CORAL SPRINGS, FL 33071**

**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 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	BERKEY, THOMAS F.
STREET ADDRESS	1763 N.W. 93RD TERR
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	STV
NAME	BERKEY, MARY ANN
STREET ADDRESS	1763 N.W. 93RD TERR
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D
NAME	BERKEY, MARY ANN
STREET ADDRESS	1763 N.W. 93RD TERR
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000500020
04/25/06-80005-012 150.00

**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: Mary Ann Berkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06 954-753-8833
Date Daytime Phone #