

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F56391**  
City Name  
**BERBECK & ASSOCIATES, INC.**



Principal Place of Business  
**RENE' G. VANDEVOORDE**  
**1327 N. CENTRAL AVE.**  
**SEBASTIAN, FL 32958**

Mailing Address  
**%RENE' G. VANDEVOORDE**  
**1327 N. CENTRAL AVE.**  
**SEBASTIAN, FL 32958**



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2152046</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VANDEVOORDE, RENE G**  
**1327 NORTH CENTRAL AVENUE**  
**SEBASTIAN, FL 32958**

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IN THIS SPACE**

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.

NATURE

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

U00000385886  
01/18/06-80040-007 150.00

**OFFICERS AND DIRECTORS**

NAME STREET ADDRESS CITY-STATE-ZIP	PTD OBERBECK, FRANCIS J 601 LAYPORT DRIVE SEBASTIAN, FL 00000,
NAME STREET ADDRESS CITY-STATE-ZIP	VSD OBERBECK, CAROL J 601 LAYPORT DRIVE SEBASTIAN, FL 00000,
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IN THIS SPACE**

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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

*F. J. Oberbeck* **F. J. Oberbeck** 1/11/06 772-913-3679