

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90048 006 ***550.00

DOCUMENT # F94000006424
 1. Entity Name
BERNARDI & ASSOCIATES, INC.



Principal Place of Business Mailing Address
PO BOX 1925 NOGALES, AZ 85628 **PO BOX 1925 NOGALES, AZ 85628**

50060495



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07052005 Chg-P CR2E034 (10/03)

4. FEI Number **86-0271594** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
DE LA OSSA, JOE JOE
10065 ENTERPRISE AVE
BONITA SPRING, FL 34135
11491 Axis Deer Lane
Ft Myers, FL 33912

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BERNARDI, ALBERT A	
STREET ADDRESS	559 FRONTAGE RD	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNARDI, JOSEPH F	
STREET ADDRESS	559 FRONTAGE RD	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	BERNARDI, JOAN M	
STREET ADDRESS	559 FRONTAGE RD	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNARDI, CATHERINE H	
STREET ADDRESS	559 FRONTAGE RD.	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 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:  **JOSEPH F. BERNARDI** (520) 281-4011
Signature and typed or printed name of signing officer or director Date Daytime Phone #