

2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/11/2008-90123-009-\$150.00-\$150.00

FILED

2008 SEP 15 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006424

1. Entity Name
BERNARDI & ASSOCIATES, INC.



Principal Place of Business
8 MARTAN RD
NOGALES, AZ 85621

Mailing Address
PO BOX 1925
NOGALES, AZ 85628

40



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0271594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA OSSA, ~~JOE~~ JOE
11491 AXIS DEER LANE
FORT MYERS, FL 33912

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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 9/7/08
Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BERNARDI, ALBERT A
STREET ADDRESS	8 MARTAN RD
CITY-ST-ZIP	NOGALES, AZ 85621
TITLE	PD
NAME	BERNARDI, JOSEPH F
STREET ADDRESS	8 MARTAN RD
CITY-ST-ZIP	NOGALES, AZ 85621
TITLE	TSD
NAME	BERNARDI, JOAN M
STREET ADDRESS	8 MARTAN RD
CITY-ST-ZIP	NOGALES, AZ 85621
TITLE	D
NAME	BERNARDI, CATHERINE H
STREET ADDRESS	8 MARTAN RD
CITY-ST-ZIP	NOGALES, AZ 85621
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: DATE 9/4/08
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR