2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # G09669

1. Entity Name
BERRY PROPERTIES, INC.

Principal Place of Business	Mailing Address
196 SOUTH LAKE MARIAM DRIVE WINTER HAVEN, FL 33884	P.O. BOX 2904 WINTER HAVEN, FL 33883

03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2371293
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATTOX, RAY
316 WEST CENTRAL AVENUE
WINTER HAVEN, FL 33880

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	BERRY, WILLIAM A.
STREET ADDRESS	196 SO. LAKE MARIAM DR.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VD
NAME	BERRY, WILLIAM W.
STREET ADDRESS	216 CRESCENT LAKE RD.
CITY-ST-ZIP	LAKELAND, FL
TITLE	VD
NAME	BERRY, ALLEN W.
STREET ADDRESS	795 AVE T S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	STD
NAME	BERRY, DENNIS
STREET ADDRESS	505 SHADOWBROOKE
CITY-ST-ZIP	CHESAPEAKE, VA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/04-80034-024 150.00

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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 _____ William A Berry 3/15/04 863-299-3368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #