


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2005 8:00 am
Secretary of State

07-21-2005 90027 018 ***150.00

DOCUMENT # G09669 1. Entity Name BERRY PROPERTIES, INC.	
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Principal Place of Business 196 SOUTH LAKE MARIAM DRIVE WINTER HAVEN, FL 33884	Mailing Address P.O. BOX 2904 WINTER HAVEN, FL 33883
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DO NOT WRITE IN THIS SPACE

66025938

07152005 No Chg-P CR2E034 (10/03)

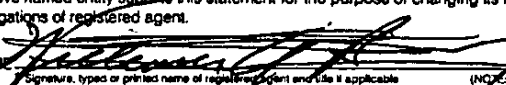
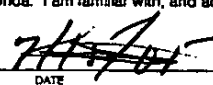
4. FEI Number 59-2371293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

9. 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 fee if applicable (N/A: Registered Agent signature required when reinstating)

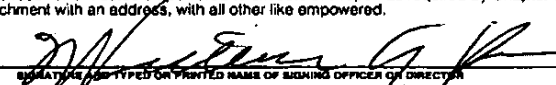
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERRY, WILLIAM A. 196 SO. LAKE MARIAM DR. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRY, WILLIAM W. 216 CRESCENT LAKE RD. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERRY, ALLEN W. 795 AVE T S.E. WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERRY, DENNIS 505 SHADOWBROOKE CHESAPEAKE, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  8/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



ATTACHMENT

66025938

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 25, 2005

BERRY PROPERTIES, INC.
P.O. BOX 2904
WINTER HAVEN, FL 33883

Subject: BERRY PROPERTIES, INC.

Reference Number: G09669

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION