

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90020 023 \*\*\*150.00

**DOCUMENT # G09669**

1. Entity Name

**BERRY PROPERTIES, INC.**



Principal Place of Business

**196 SOUTH LAKE MARIAM DRIVE  
WINTER HAVEN FL 33884**

Mailing Address

**P.O. BOX 2904  
WINTER HAVEN FL 33883**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

**59-2371293**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BERRY, WILLIAM A.  
STREET ADDRESS 196 SO. LAKE MARIAM DR.  
CITY-ST-ZIP WINTER HAVEN FL

TITLE VD ☐ Delete  
NAME BERRY, WILLIAM W.  
STREET ADDRESS 216 CRESCENT LAKE RD.  
CITY-ST-ZIP LAKELAND FL

TITLE VD ☐ Delete  
NAME BERRY, ALLEN W.  
STREET ADDRESS 795 AVE T S.E.  
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE STD ☐ Delete  
NAME BERRY, DENNIS  
STREET ADDRESS 505 SHADOWBROOKE  
CITY-ST-ZIP CHESAPEAKE VA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3817 CHIEREKYDA EAST  
CITY-ST-ZIP MARKHAM FL. 33813

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 711 WATCHTOWER BLVD  
CITY-ST-ZIP CHESAPEAKE VA. 23320

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/10/06 863 2983368

Date

Daytime Phone #