

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G09669

Entity Name: BERRY PROPERTIES, INC.

FILED
Sep 13, 2007
Secretary of State

Current Principal Place of Business:

347 AVE. O. S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2904
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 59-2371293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERRY, WILLIAM A.,
Address: 196 SO. LAKE MARIAM DR.
City-St-Zip: WINTER HAVEN, FL

Title: VD () Delete
Name: BERRY, WILLIAM W.,
Address: 3817 CHERERELY DR EAST
City-St-Zip: LAKELAND, FL 33813

Title: VD (X) Delete
Name: BERRY, ALLEN W.,
Address: 795 AVE T S.E.
City-St-Zip: WINTER HAVEN, FL 33884

Title: STD (X) Delete
Name: BERRY, DENNIS,
Address: 711 WATCH ISLAND BEACH
City-St-Zip: CHESAPEAKE, VA 23320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOSHUA S CRAWFORD,
Address: P.O. BOX 173 .
City-St-Zip: GRAHAM, FL 32042

Title: VD (X) Change () Addition
Name: KAREN H CRAWFORD,
Address: P.O. BOX 173
City-St-Zip: GRAHAM, FL 32042

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA S CRAWFORD

PRES

09/13/2007

Electronic Signature of Signing Officer or Director

Date