## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 08:00 Al Secretary of State

Daytime Phone #

ANNUAL REPURI				~~ <b></b>	Secreta	ry of St
DOCUMENT # G91039  1. Entity Name BERRY DEVELOPMENT CORPORATION OF FLORIDA						iy oi st
			THE REAL PROPERTY.		•	
Principal Place	e of Business	Mailing Address		]		
8019 N. HIM SUITE 505	ES AVE.	PO BOX 272082 TAMPA, FL 33688-2082 US	•			
TAMPA, FL 3	33614 US	INMI A, I C 33000-2002 03			in kerka min (2): 2(0) 2(0) Albi Albi Albi A	60 E(B)(EP) (  (PA)
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_	O NOT MOITE		01252008 No	Chg-P CR2E034 (11	/05)	
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
•				59-2452502	¢0.7/	Not Applicable  Additional
- L	me the first water of the second to the seco	in the party of the things		, 5. Certificate of Stat		idnited
6. Name and Address of Current Registered Agent						
BERRY, R				DO NO	T WRITE	
14303 BEL TAMPA, FI	LEMONT PLACE			报制, \$P\$ 1. 44. 59 5 44.5		
	L 00024			IN TH	IS SPACE	
		•	41.0			
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.						
71	ions of redistered agent.	The state of the s	ing a ferminal or man.	0 to 6) 3246 ( - 427 ] [ - 4]	TO DISTURBLE AND A CONDINGNO	(
SIGNATURE_	Signature, typed or printed name of registered agent and	1 title if applicable (NOTE: Registere	d Agent signature require	d when reinstating)	DATE	
it.e			ji			
Cl'After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	S. Election Campaign Final     Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND D		La restate and	a the Country of the control of	": 5 <sup>8</sup> 14 o _ 2 o _ 3 o _ 3 o _ 4 o _ 3	Tue To 6, 71 (\$ 1
TITLE	P »					
NAME STREET ADDRESS	BERRY, ROBERT E.  14303 BELLEMONT PLACE		1 1 1 1 1		and the state of t	
CITY-ST-ZIP	TAMPA, FL 33624	·		153 This 1		
TITLE	٧					
NAME STREET ADDRESS	BERRY, STEVEN M. 3714 VILLAGE ESTATES				:U000000873908	
CITY-ST-ZIP	TAMPA, FL 33618	···	, ",	', ,^	4/10/08-80100-00;	3 150.00 ·
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CITY-ST-ZIP						
TITLE		* * * *				
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TITLE			*	X.		
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indicated	certify that the information supplied with the on this report or supplemental report is to portain or the receiver of tension or tension or the receiver of tension or the receiver of tension or tensio	us ming does not qualify for the ex- rue and accurate and that my signal yeard to execute this report as requi-	emptions containe iture shall have the ired by Chanter 60	u in Unapter 119, Florid same legal effect as if 7. Florida Statutes: and	ua statutes. Fruntner centry that made under oath; that I am an o that my name appears in Plock	ine information ; officer or director ; (10 or Block 11 if
of the corporation of 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.						
	/ M	1 /1 ////			1 11 - 1001	

BIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: