


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 03, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # H00430</b> 1. Entity Name BERARD OF ORLANDO, INC.					
Principal Place of Business 1000 N.C.R. 427 LONGWOOD FL 32750			Mailing Address % RICHARD M. WILLIAMS 1690 W. BARTON STREET LONGWOOD FL 32750		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2411712</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, RICHARD M. 1690 W. BARTON STREET LONGWOOD FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>				10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT WILLIAMS, RICHARD M. 1690 W. BARTON ST. LONGWOOD FL			TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				02/03/05-80022-006 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP WILLIAMS, ELIZABETH A. 1690 W. BARTON ST. LONGWOOD FL			TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV WILLIAMS, RICHARD M., JR 1719 E. MARKS ST. ORLANDO FL			TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)			TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)			TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Richard M. Williams</i>				2-1-05 407-834-1022	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	