

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

02-15-2006 90049 016 ***150.00

DOCUMENT # H00430 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 <i>Richard m. Williams</i> Suite, Apt. #, etc. <i>300 E. Church St. Apt. 1107</i>			
City & State 		City & State <i>Orlando, FL 32750</i>		4. FEI Number 59-2411712	
Zip 		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Richard m. Williams</i> <i>300 E. Church St. Apt. 1107</i> <i>Orlando, FL 32801</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, ELIZABETH A. 1690 W. BARTON ST. LONGWOOD FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Elizabeth G. Williams</i> <i>300 E. Church St. Apt. 1107</i> <i>Orlando, FL 32801</i>	<input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Richard M. Williams</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>3-1-06</i> - <i>407-425-1033</i> Daytime Phone # <i>1107</i>		



ATTACHMENT
66003713

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

BERARD OF ORLANDO, INC.
RICHARD M. WILLIAMS
300 E CHURCH ST APT 1107
ORLANDO, FL 32801

Subject: **BERARD OF ORLANDO, INC.**

Reference Number: **H00430**

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.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from 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.

/JE
ANNUAL REPORTS SECTION

*Sorry
about that!!*