2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # H85115

1. Entity Name
BERMUDA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2900 WELCOME CIR KISSIMMEE, FL 34746	2900 WELCOME CIR KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-2725317
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOYER, MICHAEL F.
568 OSCEOLA PKWY
KISSIMMEE, FL 34744

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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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOYER, MICHAEL
STREET ADDRESS	PO BOX 120225
CITY-ST-ZIP	CLERMONT, FL 34712
TITLE	VP
NAME	DANAHER, JOSEPH
STREET ADDRESS	31 JESTER CT
CITY-ST-ZIP	SCHENECTADY, NY 12304
TITLE	ST
NAME	MALONEY, MICHAEL
STREET ADDRESS	2900 WELCOME CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80009-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael Maloney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #