


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # H85115 1. Entity Name BERMUDA ENTERPRISES, INC.	
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Principal Place of Business 2900 WELCOME CIR KISSIMMEE, FL 34746	Mailing Address 2900 WELCOME CIR KISSIMMEE, FL 34746
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01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2725317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOYER, MICHAEL F. 568 OSCEOLA PKWY KISSIMMEE, FL 34744
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000865315

04/07/08-80023-022 150.00

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

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IN THIS SPACE**

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 3/18/07 407 933 2342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #