


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90029 022 \*\*\*150.00

<b>DOCUMENT # J98222</b> 1. Entity Name <b>BERNELL, INC.</b>			
Principal Place of Business <b>35235 US HIGHWAY 19 N.</b> <b>PALM HARBOR, FL 34684 US</b>		Mailing Address <b>35235 US HIGHWAY 19 N.</b> <b>PALM HARBOR, FL 34684 US</b>	
2. Principal Place of Business <b>3340 Hickorywood Way</b> Suite, Apt. #, etc. <b>Tarpon Springs, FL</b> City & State		3. Mailing Address <b>3340 Hickorywood Way</b> Suite, Apt. #, etc. <b>Tarpon Springs, FL</b> City & State	
Zip <b>34688</b>	Country <b>USA</b>	Zip <b>34688</b>	Country <b>USA</b>
4. FEI Number <b>59-2852880</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HALE, MARION</b> <b>911 CHESTNUT ST.</b> <b>CLEARWATER, FL 34617</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGAL, ELLEN KAY 3340 HICKORYWOOD WAY TARPON SPG, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>34688</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAGAL, LAWRENCE D. 3340 HICKORYWOOD WAY TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>34688</b>
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
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 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: <u>Ellen Sagal</u> <u>Ellen Sagal</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>2-22-04</u> <u>727-492-0523</u> Date Daytime Phone #	

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