2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K62508 1. Entity Name							Feb 02, 2004 08:00 AM Secretary of State				
BERTHEL	LOT'S CO	NSULTING, ETC.,	INC.								
Principal Place of Business 600 BAYOU BLVD PENSACOLA FL 32503			600 E	Mailing Address 600 BAYOU BLVD PENSACOLA FŁ 32503							
2. Principal Place of Business			3. Mai	3. Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				MOORE CR25	034 (11/0	3)	
City & State			City	& State		4. FEI Number 59-2931090 Applied For Not Applied For					
Ζιp			Zip			Country		Certificate of Status Desired	Fee Re		
6. Name and Address of Current R				ed Agent		Name	7. N	lame and Address of New Registe	red Agent		
600	RTHELOT BAYOU SACOLA				Street Address (P.O. 8	lox Number is Not Acceptable)				
						City			FL Zip	Code	 ,
B. The above the obligat	named entit	y submits this statement tered agent.	for the purp	ose of changing its	register	ed office or register	red ag	ent, or both, in the State of Florida.	l am familiar	with,	and accept
SIGNATURE	Signifure, typed	or printed name of retristered age	and life if app	picable (NO)	E. Registere	ed Agent signature required	er nariw i	1-25 pinstating)	- 04 ATE		
Afte	r May 1, 20	!! FEE IS \$150.00 04 Fee will be \$550.00						Election Campaign Financing Trust Fund Contribution.			O May Be to Fees
Make Checi	K Payable to	Florida Department OFFICERS AN		RS	11.	·	AD	DITIONS/CHANGES TO OFFICERS	AND DIREC	TORS	(N 11
TITLE MAME STREET ADDRESS CITY-ST-ZIP	D BERTHELO 600 BAYO PENSACO			☐ Delete		1		U0000002707: 02/03/04-80033	☐ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTHELO 600 BAYO PENSACO	OT, DOLLY U BLVD	- "	☐ Delete	TITE NAM STRE	E			□ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP				☐ Delete		 			□ Ch	ange	Addition
TITLE NAME STREET ADDRESS CRY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	☐ Delete	•	į.	• •		□ Ch	ange	Addition
TITLE NAME STREET ADDRESS CRTY-ST-ZIP				☐ Delete		1			☐ Ch	ange	☐ Addition
TITLE NAME STREET ADDRESS CRY-ST-ZIP				☐ Delete	- 8	* {			☐ Ch	ange	☐ Addition
indicated of the cor	on this repor rporation or the control of the contr	rt or supplemental report ne receiver or trustee em achment with an address	is true and cowered to , with all oth	accurate and that re execute this report	my signa as requi	ture shall have the s	same l 7. Florid	119.07(3)(i), Florida Statutes. I furthe egal effect as if made under oath, if da Statutes, and that my name appe	at I am an c ars in Block	ifficer i 10 or	or director Block 11 if

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FİLED

1-29-04 (850) 439-2934

Date | Davis Proper