

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90550 023 ***150.00

DOCUMENT # K85526

1. Entity Name
BERRYMAN ENTERPRISES, INC.



Principal Place of Business
**7406 MAIN ST.
JACKSONVILLE, FL 32208**

Mailing Address
**7406 MAIN ST.
JACKSONVILLE, FL 32208**

14006978



04222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2947643

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERRYMAN, KEITH L.
10000 GATE PARKWAY NORTH, #1821
JACKSONVILLE, FL 32246**

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

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERRYMAN, KEITH L.	
STREET ADDRESS	10000 GATE PARKWAY NORTH, #1821	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BERRYMAN, JOSEPH D.	
STREET ADDRESS	541 VERA DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KEY, WALTER	
STREET ADDRESS	511 VERA DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NORSTROM, MARK	
STREET ADDRESS	3334TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALLS, WINDELL B	
STREET ADDRESS	13103 GILLESPIE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith L. Berryman	
STREET ADDRESS	2011 SAND HILL CRANE DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Keith L. Berryman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

Day:me Phone #