


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90006 008 ***158.75

DOCUMENT # L98692					
1. Entity Name BERRYHILL, HOFFMAN & COMPANY, P.A.					
Principal Place of Business 107 NE 1ST AVE OCALA, FL 34470-6661			Mailing Address 107 NE 1ST AVE OCALA, FL 34470-6661		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3023092					
Applied For Not Applicable					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					
BERRYHILL, MICHAEL W 107 NE 1ST AVE OCALA, FL 32670					
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 _____ (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, 2004 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	BERRYHILL, MICHAEL W				
STREET ADDRESS	107 NE 1ST AVE				
CITY-ST-ZIP	OCALA, FL 34470				
TITLE	ST	<input type="checkbox"/> Delete			
NAME	HOFFMAN, DAVID M				
STREET ADDRESS	107 NE 1ST AVE				
CITY-ST-ZIP	OCALA, FL 34470				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	CRABB, SUSAN D				
STREET ADDRESS	107 NE 1ST AVE				
CITY-ST-ZIP	OCALA, FL 34470				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	GETSEE, MARY R				
STREET ADDRESS	107 NE 1ST AVE				
CITY-ST-ZIP	OCALA, FL 34470				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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 authority to be empowered.					
SIGNATURE: <i>Michael W. Berryhill</i> MICHAEL W. BERRYHILL 1/16/04 (352) 622-4220					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

44003494



01122004 Chg-P CR2E034 (10/03)