


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000056953 1. Entity Name NEW BERLIN ROAD DEVELOPMENT, INC.	
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Principal Place of Business 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667	Mailing Address 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 32224-9667
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04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3654134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOKES, CHESTER E JR 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224
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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOKES, CHESTER E JR. 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PUTNAL, JAMES E 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAREN, MICHAEL E 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HICE, SHERRY 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE, FL 322249667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/06-80018-017 150.00

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-06 904-591-2695
Date Daytime Phone #