


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000110269 1. Entity Name WESTBERRY ENTERPRISES, INC.	
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FILED
 04 APR 29 AM 8:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 2596 GREEN CROSSING DRIVE TALLAHASSEE, FL 32309	Mailing Address 2596 GREEN CROSSING DRIVE TALLAHASSEE, FL 32309
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1065970	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WESTBERRY, PAUL A III
 2596 GREEN CROSSING DRIVE
 TALLAHASSEE, FL 32309

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D WESTBERRY, PAUL A III 2596 GREEN CROSSING DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTBERRY, MARGARET F 2596 GREEN CROSSING DRIVE TALLAHASSEE, FL 32309
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 05/07/04--01094--003 **150.00

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: Paul A. Westberry Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR