

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000113726

1. Entity Name
BERGANTINO CONSULTANTS, INC.



FILED
04 JUN 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1833 HALSTEAD BLVD
#605
TALLAHASSEE, FL 32308

Mailing Address
1833 HALSTEAD BLVD
#605
TALLAHASSEE, FL 32308

2. Principal Place of Business
3100 IRONWOOD DR.
Suite, Apt. #, etc.

3. Mailing Address
3100 IRONWOOD DR.
Suite, Apt. #, etc.



06182004 Chg-P CR2E034 (10/03)

City & State
TALLAHASSEE FL
Zip
32309
Country
LEON

City & State
TALLAHASSEE FL
Zip
32309
Country
LEON

4. FEI Number
59-3696608
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BERGANTINO, JUDITH
1833 HALSTEAD BLVD
#605
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent
Name
JUDITH BERGANTINO
Street Address (P.O. Box Number is Not Acceptable)
3100 IRONWOOD DR.
City
TALLAHASSEE FL Zip Code
32309

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: Judith Bergantino 6/18/04
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BERGANTINO, JUSITH 1833 HALSTEAD BLVD. #605 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BERGANTINO, MICHAEL WINE DRIVE BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BERGANTINO, MATTHEW 154 ROWAN ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BERGANTINO WEHR, AMY 1610 GEORGE RD. WANTAGH, NY 11793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDITH BERGANTINO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3100 IRONWOOD DR. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10003835578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 06/28/04--01064--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Judith Bergantino JUDITH BERGANTINO 6/18/04 (850) 284-3016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #