

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025517

Entity Name: J & M BERRY PROPERTIES, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

1620 SOUTH DOVER ROAD  
DOVER, FL 33527

## New Principal Place of Business:

## Current Mailing Address:

1620 SOUTH DOVER ROAD  
DOVER, FL 33527

## New Mailing Address:

FEI Number: 59-3703537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATKINS, CARL T  
5013 MEMORIAL HIGHWAY  
TAMPA, FL 33634 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BERRY, JON  
Address: 1620 SOUTH DOVER RD  
City-St-Zip: DOVER, FL 33527

Title: V ( ) Delete  
Name: BERRY, MARLA  
Address: 12010 ASHLEY RD  
City-St-Zip: MASON, NH 03048

Title: D ( ) Delete  
Name: BARRY, JON  
Address: 1620 SOUTH DOVER RD  
City-St-Zip: DOVER, FL 33527

Title: D ( ) Delete  
Name: BERRY, MARLA  
Address: 120 OLD ASHBEY RD  
City-St-Zip: MASON, NH 03048

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL T. WATKINS

CPA

04/21/2009

Electronic Signature of Signing Officer or Director

Date