

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAY 11 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000042863

1. Entity Name  
BERPIE, INC.



Principal Place of Business 1135 SOUTH PASADENA AVENUE SUITE 327C  
ST. PETERSBURG, FL 33707

Mailing Address 1135 SOUTH PASADENA AVENUE SUITE 327C  
ST. PETERSBURG, FL 33707

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
2220 34th ST S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
St. Petersburg FL

Zip

Country

Zip  
33711

Country



03222007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3712892

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BERTRAND, LISA M  
2807 KIPPS COLONY DRIVE SOUTH  
GULFPORT, FL 33707

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	Delete
PST	BERTRAND, LISA M	2807 KIPPS COLONY DRIVE SOUTH	GULFPORT, FL 33707	<input type="checkbox"/>
VPD	BERTRAND, LISA M	2807 KIPPS COLONY DRIVE SOUTH	GULFPORT, FL 33707	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

5182