


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000006389
 1. Entity Name
JOSEPH BERG, INC.




Principal Place of Business Mailing Address
991 CHELSEA AVENUE **991 CHELSEA AVENUE**
SEBASTIAN FL 32958 **SEBASTIAN FL 32958**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **04-3592052** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GARAVAGLIA, MICHAEL J ESQ.
756 BEACHLAND BOULEVARD
VERO BEACH FL 32963

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	P BERG, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS	991 CHELSEA AVENUE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	000000063269		
CITY-ST-ZIP	02/23/04-80152-021 150.00		
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

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: Joseph Berg **Joseph Berg** **Feb 19, 2004** **772-388-0980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #