

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90025 048 ***150.00

DOCUMENT # P02000034275

1. Entity Name
BERSON HOMES, INC.



Principal Place of Business
**101 TAYLOR ST.
PUNTA GORDA, FL 33950**

Mailing Address
**101 TAYLOR ST.
PUNTA GORDA, FL 33950**



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0580292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BERSON, CECIL T
101 TAYLOR ST.
PUNTA GORDA, FL 33950**

**DO NOT WRITE
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

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
Due by September 12, 2008**

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	D
NAME	BERSON, CECIL T
STREET ADDRESS	101 TAYLOR ST.
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	V
NAME	KARLSTEDT, MAGNUS
STREET ADDRESS	101 TAYLOR ST.
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	S
NAME	BERSON, LINDA
STREET ADDRESS	101 TAYLOR ST.
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

07-11-08