

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90044 027 ***150.00

DOCUMENT # P02000047808 1. Entity Name WILLIAM BERRYHILL, INC.					
Principal Place of Business 1100 TIGER LAKE RD LAKE WALES, FL 33853				Mailing Address 1100 TIGER LAKE RD LAKE WALES, FL 33853	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1100 Tiger Lake Rd Suite, Apt. #, etc.			
City & State		City & State LAKE WALES FL		4. FEI Number 48-1256195	
Zip 33898		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSH, GEORGE T 205 AVE K SE WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent Name William Berryhill Street Address (P.O. Box Number is Not Acceptable) 1100 Tiger Lake Rd City LAKE WALES FL Zip 33898	
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 <u><i>William Berryhill</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 5-17-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRYHILL, WILLIAM R 1100 TIGER LAKE RD LAKE WALES, FL 33853 33898	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>William Berryhill</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 5-17-05 <small>Daytime Phone #</small>	