

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110719

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BERKSHIRE TRUST ADVISORY SERVICES CORPORATION

**Current Principal Place of Business:**

4540 SOUTHSIDE BOULEVARD  
SUITE 302  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4540 SOUTHSIDE BOULEVARD  
SUITE 302  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 05-0559799      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHORT, FREDERICK R JR  
3733 UNIVERSITY BLVD WEST  
SUITE 203  
JACKSONVILLE, FL 32217 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

**OFFICERS AND DIRECTORS:**

Title: DPC  
Name: SOLKOFF, SCOTT M  
Address: 2605 W ATLANTIC AVE STE A103  
City-St-Zip: DELRAY BEACH, FL 33445

Title: DT  
Name: BERG, REBECCA L  
Address: 4540 SOUTHSIDE BOULEVARD, STE 302  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DS  
Name: WALDOCH, LAUCLIN T  
Address: P O BOX 229  
City-St-Zip: TALLAHASSEE, FL 32302

I hereby 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 all other like empowered.

SIGNATURE: SCOTT SOLKOFF

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04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date