

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90048 049 \*\*\*150.00

**DOCUMENT # P03000000169**

1. Entity Name  
**EVANGELYN BERRY, PA**



Principal Place of Business  
**851 N. DONNELLY STREET  
MOUNT DORA, FL 32757  
1360 E. Burleigh Blvd.  
Tavares, FL 32778**

Mailing Address  
**851 N. DONNELLY STREET  
MOUNT DORA, FL 32757  
34020 Parkview Ave.  
Eustis, FL 32736**

2. Principal Place of Business  
**Vangie Berry Signature Realty**

3. Mailing Address  
**1360 E. Burleigh Blvd.  
Tavares, FL**

City & State  
**32778**

Zip Country Zip Country

03102005 Chg-P CR2E034 (10/03)

4. FEI Number  
**41-2076499**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**BERRY, EVANGELYN  
34020 PARKVIEW AVENUE  
EUSTIS, FL 32736**

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 *Evangelyn Berry, President* **3/21/05**  
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERRY, EVANGELYN 34020 PARKVIEW AVENUE EUSTIS, FL 32736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Earl J. Berry 34020 Parkview Ave. Eustis, FL 32736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Evangelyn Berry* **3/21/05 352-514-2240**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #