2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 08, 2007 08:00 A DOCUMENT # P03000024721 **Secretary of State** 1. Entity Namo WESTBERRY PROPERTY SERVICES, INC. Principal Place of Business Mailing Address 1815 145TH STREET EAST BRADENTON FL 34212 1815 145TH STREET EAST BRADENTON FL 34212 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 02-0679670 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WESTBERRY, JENNIFER K 1815 145TH STREET EAST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34212** City Zip Code FL 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 FILE NOW! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILL Delete шв ☐ Change Addition WESTBERRY, JENNIFER K NAME NAMI 1815 145TH STREET EAST U00000627010 STREET ADDRESS STREET ADDRESS 02/15/07-80044-002 150.00 **BRADENTON FL 34212** CHY-SI-7IP CHY-S1-7P THE Delete HIII Change ☐ Addition NAM NAMI. STREET ADDRESS STRUCT ADDRESS CITY ST-7IP CHY-SI-7IP JUIU __ . □-Delete 🗕 pier --- -- Change --- - Addition -NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP TITLE Delete DITTE ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-7IP HILE ☐ Delete THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an efficer 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.

CITY+ST-7IP

STREET ADDRESS

CITY+ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

Delete

Change

Addition