


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000026761 1. Entity Name BERKMAN HARBERT ASSOCIATES, INC.	
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Principal Place of Business 4908 LYFORD CAY RD TAMPA, FL 33629	Mailing Address 4908 LYFORD CAY RD TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE

05122005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3748091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARBERT, DAVID O PRES. 4908 LYFORD CAY RD TAMPA, FL 33629

**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 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	DIR. BERKMAN, MONROE E 3401 S BEACH DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. HARBERT, DAVID O 4908 LYFORD CAY RD TAMPA, FL 33629
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IN THIS SPACE**

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05/17/05-80005-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

David O. Harbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/05 *813 286 2527*
Date Daytime Phone #