

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000043936

Entity Name: WILLIAM BERRY, INCORPORATED

FILED
Jun 19, 2007
Secretary of State

Current Principal Place of Business:

559 BOURSE CIRCLE
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

Current Mailing Address:

559 BOURSE CIRCLE
LEHIGH ACRES, FL 33936 US

New Mailing Address:

FEI Number: 65-1172821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRY, WILLIAM H
559 BOURSE CIRCLE
LEHIGH ACRES, FL 33936 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: P () Delete
Name: BERRY, WILLIAM H
Address: 559 BOURSE CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: VP () Delete
Name: MATTON, RODGER G
Address: 14171 GEORGIAN CIR APT# 201
City-St-Zip: FORT MYERS, FL 33912 US

Title: S () Delete
Name: STANWORTH, BRENT L
Address: 4522 21ST STREET S W
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: D () Delete
Name: BALLARD, ANDREW
Address: 4522 21ST SW
City-St-Zip: LEHIGH ACRES, FL 33971 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOZES, TIMOTHY D
Address: 20321 ESTERO GARDEN CIR # 206
City-St-Zip: ESTERO, FL 33928 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM H BERRY

P

06/19/2007

Electronic Signature of Signing Officer or Director

Date