



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90026 048 ***150.00

DOCUMENT # P03000048726 1. Entity Name BERRY BAY FARMS @ JAYMAR, INC.					
Principal Place of Business 7648 NOTTINGHILL SKY DR. APOLLO BEACH, FL 33572			Mailing Address P.O. BOX 294 WIMAUMA, FL 33598		
2. Principal Place of Business - No. P.O. Box # 5135 Bonita Drive		3. Mailing Address Suite, Apt. #, etc.			
City & State Wimauma, FL		Suite, Apt. #, etc.		03072008 Chg-P CR2E034 (12/06)	
City & State Wimauma, FL		City & State		4. FEI Number 38-3681591	
Zip 33598		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TURGEAU, J. MAURICE L. 7648 NOTTINGHILL SKY DR. APOLLO BEACH, FL 33572				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P TURGEAU, J. MAURICE L 7648 NOTTINGHILL SKY DR. APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, LINDA R 10070 MCINTOSH ROAD DOVER, FL 33527	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BROWN, G. MARVIN 10070 MCINTOSH ROAD DOVER, FL 33527	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES TURGEAU, LESLIE A. L 7648 NOTTINGHILL SKY DR. APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>J. Maurice L. Turgeau</i> J. Maurice L. Turgeau 3-8-08 813-642-9860 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		