

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90095 048 ***150.00

DOCUMENT # P03000050766	
1. Entity Name BERGESON CONSULTING, INC.	

Principal Place of Business 2606 HAMPTON CIRCLE NORTH DELRAY BEACH, FL 33445	Mailing Address 2606 HAMPTON CIRCLE NORTH DELRAY BEACH, FL 33445
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01032005 Chg-P CR2E034 (10/03)

4. FEI Number 38-3681378	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUTLER, STEVEN W ESQ. 350 E LAS OLAS BLVD. STE 1250 FT. LAUDERDALE, FL 33301
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7. Name and Address of New Registered Agent Name CUTLER, STEVEN W. ESQ Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BLVD SUITE 1010 City FT LAUDERDALE FL Zip Code 33301

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 _____
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BERGESON, RANDALL A ☐ Delete 2606 HAMPTON CIRCLE NORTH DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  R.A. BERGESON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	PRESIDENT	4/1/05 (56) 8652912 Date Daytime Phone #
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