## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 02, 2005 08:00 AM DOCUMENT # P03000125265 **Secretary of State** 1. Entity Name BERNIE'S BOILER & CLEANERS EQUIPMENT SERVICE, INC. Principal Place of Business Mailing Address 11313 DISTRIBUTION AVENUE 11313 DISTRIBUTION AVENUE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0389968 Not Applicable Ζip 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 AKEL, DANIEL D Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE **SUITE 2301** JACKSONVILLE FL 32202 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 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 Election Campaign Financing \$5.00 May Be After May 1, 2005 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 11. HILE D ☐ Delete Till F Change ☐ Addition 1000000209132 ECHT, BERNARD NAME MAME 02/02/05-80025-024 150.00 CTREET ADDRESS 11313 DISTRIBUTION AVENUE STREET ADDRESS CITY-ST-74P JACKSONVILLE FL 32256 CHTY-ST-ZIP ☐ Delete HILE To Fair Change Change Addition NAME ECHT, ELFRIEDE NAME STREET ADDRESS 11313 DISTRIBUTION AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP HHLE Delete Addition Change NAME CIRFET ADDRESS STREE: AUDRESS CATY-ST-71P CHY-ST-7/P THILE Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADORESS CHY-SI-ZIP CITY-ST-ZIP TOTAL ☐ Delete HILE ☐ Change Addition MARAE NAME STREET ADDRESS STREET ADDRESS CHY-St-ZIP CHY-ST-ZIP 11111 ☐ Delete TITLE ☐ Change ☐ Addition NAME MAM STREET AUDRESS STREET ADDRESS CHY-ST-70P CJTY-ST-7IP

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:

Fefrede Edit

Elfriede Echt

1-31-5002

904-262-6040

FILED