

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2005 8:00 am
Secretary of State

02-07-2005 90058 004 ***150.00

DOCUMENT # P03000128238 1. Entity Name BERRY PLACE DEVELOPERS, INC.					
Principal Place of Business PO BOX 5343 DESTIN, FL 32540			Mailing Address PO BOX 5343 DESTIN, FL 32540		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 90-0103476	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DUNNAM, KEVIN PO BOX 5343 DESTIN, FL 32540			7. Name and Address of New Registered Agent Name Mike Campbell Street Address (P.O. Box Number is Not Acceptable) 1100 Plantation Road - Suite 18 City Pensacola FL Zip Code 32504		
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 <u><i>Michael Canipe</i></u> DATE 5-9-05 Signature, agent or printed name of registered agent and date of application. (NOTE: Registered Agent signature required upon re-registering)					
-- FILE NOW!! -- FEE IS \$150.00 -- After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DUNNAM, KEVIN		NAME		
STREET ADDRESS	PO BOX 5343		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32540		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 files empowered.					
SIGNATURE: <u><i>G Kevin Dunnam</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 5/2/05 901-229-4489 Daytime Phone #		

G KEVIN DUNNAM