

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90293 032 \*\*\*150.00

DOCUMENT # P03000129255

1. Entity Name

JASON BERRY PAINTING, INC.



Principal Place of Business

1630 N. PAGE DRIVE  
DELTONA FL 32725  
US

Mailing Address

1630 N. PAGE DRIVE  
DELTONA FL 32725  
US



2. Principal Place of Business

544 Giralda Ave.  
Suite, Apt. #, etc.

3. Mailing Address

544 Giralda Ave.  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Deltona, FL  
Zip 32725 Country Volusia

City & State

Deltona, FL  
Zip 32725 Country Volusia

4. FEI Number

06-1713295

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERRY, JASON  
1630 N. PAGE DRIVE  
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name Jason Berry  
Street Address (P.O. Box Number is Not Acceptable)

544 Giralda Ave

City Deltona FL Zip Code 32725

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

*Jason Berry*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-25-05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	BERRY, JASON	
STREET ADDRESS	1630 N. PAGE DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	BERRY, JASON	
STREET ADDRESS	1630 N. PAGE DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	BERRY, JASON	
STREET ADDRESS	1630 N. PAGE DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jason Berry	
STREET ADDRESS	544 Giralda Ave.	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE	TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jason Berry	
STREET ADDRESS	544 Giralda Ave.	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jason Berry	
STREET ADDRESS	544 Giralda Ave.	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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:

*Jason Berry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

Date

386-804-9279

Daytime Phone #