

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Amended

Amended

DOCUMENT # P04000112158

1. Entity Name
BERACAH 10, INC.



Principal Place of Business
4385 N. HIGHWAY 19A
SUITE A
MT. DORA, FL 32757

Mailing Address
4385 N. HIGHWAY 19A
SUITE A
MT. DORA, FL 32757

05 JUL 14 AM 9:55

STATE OF FLORIDA
DEPARTMENT OF REVENUE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

34-2007885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMANOSKI, CHARLES J
4385 N. HIGHWAY 19A
SUITE A
MT. DORA, FL 32757

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
Due by September 7, 2005

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
NAME WIELAND, MERLE
STREET ADDRESS 42045 MAGGIE JONES ROAD
CITY-ST-ZIP PAISLEY, FL 32767

TITLE Treasurer ☐ Change ☒ Addition
NAME Norma Wieland
STREET ADDRESS 42045 Maggie Jones Road
CITY-ST-ZIP Paisley, FL 32767

TITLE VP ☒ Delete
NAME DOUGLASS, DANIEL R
STREET ADDRESS 370 S. COBBLE COURT
CITY-ST-ZIP MT. DORA, FL 32757

TITLE Secretary ☐ Change ☒ Addition
NAME Nancy Simanoski
STREET ADDRESS 15622 Kezer Road
CITY-ST-ZIP TAVARES, FL 32778

TITLE S ☒ Delete
NAME SARMIENTO, LESLIE S
STREET ADDRESS 4407 MEADOWLAND DRIVE
CITY-ST-ZIP MT. DORA, FL 32757

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME JASS, DAVID
STREET ADDRESS 2300 AMHERST LANE
CITY-ST-ZIP MT. DORA, FL 32757

TITLE Vice President ☒ Change ☐ Addition
NAME Charles J. Simanoski
STREET ADDRESS 15622 Kezer Road
CITY-ST-ZIP TAVARES, FL 32778

TITLE D ☒ Delete
NAME SIMANOSKI, CHARLES J
STREET ADDRESS 15622 KEZER ROAD
CITY-ST-ZIP TAVARES, FL 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Merle Wieland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Merle Wieland, President

June 23, 2005

Date

Daytime Phone #