

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90023 044 ***150.00

DOCUMENT # P05000082939

1. Entity Name

BERG AIR INC.



Principal Place of Business

1661 NE MAUREEN COURT
JENSEN BEACH FL 34957

Mailing Address

1661 NE MAUREEN COURT
JENSEN BEACH FL 34957



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3805624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERGER, THOMAS
1661 NE MAUREEN COURT
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2006 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	P	<input type="checkbox"/> Delete
NAME	BERGER, THOMAS	
STREET ADDRESS	1661 NE MAUREEN COURT	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SEC/T	<input type="checkbox"/> Delete
NAME	BERGER, TRACY J	
STREET ADDRESS	1661 NE MAUREEN COURT	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	Berger, Matthew T	
STREET ADDRESS	1661 NE MAUREEN COURT	
CITY-ST-ZIP	Jensen Beach, FL 34957	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC/TAXA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER, TRACY J	
STREET ADDRESS	1661 NE MAUREEN COURT	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berger, Matthew T	
STREET ADDRESS	1661 NE MAUREEN COURT	
CITY-ST-ZIP	Jensen Beach, FL 34957	
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 exemptions contained in Section 119, 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:

Thomas J. Berger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/06 772-334-5736

Date

Daytime Phone #