

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147642

FILED
Feb 27, 2009
Secretary of State

Entity Name: CTC BERRYMAN PROPERTIES, INC.

Current Principal Place of Business:

3324 WEST GRAY STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3324 WEST GRAY STREET
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-3734994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRYMAN, CLARA
3324 WEST GRAY STREET
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERRYMAN, CLARA
Address: 3324 WEST GRAY STREET
City-St-Zip: TAMPA, FL 33609

Title: P () Delete
Name: GAULKIN, CLARA THERESA B
Address: 1923 SEAGULL DR.
City-St-Zip: CLEARWATER, FL 33765

Title: VP () Delete
Name: BLICK, CHRISTINE B
Address: 736 OAK SHADOWS RD.
City-St-Zip: KISSIMMEE, FL 34747

Title: S () Delete
Name: BERRYMAN, FRANKLIN R
Address: 306 RED ELM PLACE
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: BERRYMAN, SHAWN D
Address: 629 LAKE ELLA RD.
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Delete
Name: BRANTON, ROXANNE B
Address: 4005 NORTHLAKE DR.
City-St-Zip: WEST RICHLAND, WA 99353

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA BERRYMAN

D

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date