

FILED
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Secretary of State

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2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000165621					
1. Entity Name TRINA L. BERRY, P.A.					
Principal Place of Business 2419 SE 35TH STREET OCALA, FL 34471		Mailing Address 2419 SE 35TH STREET OCALA, FL 34471			
2. Principal Place of Business		2. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
3. Name and Address of Current Registered Agent BERRY, TRINA L. 2419 SE 35TH STREET OCALA, FL 34471				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL No 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 agents.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (SEE INSTRUCTIONS) (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		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 NAME STREET ADDRESS CITY-ST-ZIP	0 BERRY, TRINA L. 2419 SE 35TH STREET OCALA, FL 34471 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2419 SE 35th Street Ocala Florida 34471 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, without other the employment.					
SIGNATURE: <i>Trina Berry</i> Trina L. Berry, President			Date: <i>4/13/2006</i>		