

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90013 025 ***150.00

DOCUMENT # P06000092809					
1. Entity Name BERGER, INC.					
Principal Place of Business 1285 WEST DOUBLE EAGLE COURT HERNANDO, FL 34442 US			Mailing Address 1285 WEST DOUBLE EAGLE COURT HERNANDO, FL 34442 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03082007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent JOSEPH & COMPANY CERTIFIED PUBLIC ACCOUNTA 2450 NORTH CITRUS HILLS BOULEVARD HERNANDO, FL 34442				7. Name and Address of New Registered Agent Name <u>OLIVER & JOSEPH PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>2450 N. CITRUS HILLS BLVD</u> <u>1</u> City <u>HERNANDO</u> <u>FL</u> Zip Code <u>34442</u>	
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 <u>Oliver & Joseph PA</u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>				DATE <u>4-4-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BERGER, LENNIE 1285 WEST DOUBLE EAGLE COURT HERNANDO, FL 34442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BERGER, TERRY S 1285 WEST DOUBLE EAGLE COURT HERNANDO, FL 34442	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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, with all other like empowered.					
SIGNATURE: <u>Lennie Berger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4-5-07</u> (352) 746-1284 <small>Date Daytime Phone #</small>	
<u>Lennie Berger - President</u>					