

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 08:00 AM
Secretary of State

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**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5201831

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLIVER & JOSEPH PA
2450 NORTH CITRUS HILLS BOULEVARD
HERNANDO, FL 34442**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BERGER, LENNIE
STREET ADDRESS 1285 WEST DOUBLE EAGLE COURT
CITY-ST-ZIP HERNANDO, FL 34442

TITLE STD
NAME BERGER, TERRY S
STREET ADDRESS 1285 WEST DOUBLE EAGLE COURT
CITY-ST-ZIP HERNANDO, FL 34442

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1000000839884
03/06/08-80026-021 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/08

Date

352-746-1284

Daytime Phone #