

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000123334

1. Entity Name  
BERLI, INC.



**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
3280 S. BLACK MOUNTAIN DR.  
INVERNESS, FL 34450

Mailing Address  
3280 S. BLACK MOUNTAIN DR.  
INVERNESS, FL 34450



01292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
87-0785918

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NELSON, JOHN A  
2218 HIGHWAY 44 WEST  
INVERNESS, FL 34453

**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	BERLI, PETER
STREET ADDRESS	3401 S. CROSSBILL LOOP
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	VD
NAME	MARTIN, JOHN C
STREET ADDRESS	3280 S. BLACK MOUNTAIN DR.
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	TD
NAME	MARTIN, DONNA L
STREET ADDRESS	3280 S. BLACK MOUNTAIN DR.
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	S
NAME	MARTIN, JENNIFER
STREET ADDRESS	2409 S. SHELLY AVE.
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/08-80011-020 150.00

**DO NOT WRITE  
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: Jennifer A. Martin Secretary 01/29/08 (352) 344-2711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #