


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90205 007 ***150.00

DOCUMENT # P07000028194	
1. Entity Name BERGERON BROTHERS ENTERPRISES INC.	

Principal Place of Business 281 S.E. FALCON RD. BRANFORD, FL 32008	Mailing Address 281 S.E. FALCON RD. BRANFORD, FL 32008
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2. Principal Place of Business - No P.O. Box # 281 S.E. FALCON RD.	3. Mailing Address 281 S.E. FALCON RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRANFORD, FL	City & State BRANFORD, FL
Zip 32008	Zip 32008
Country USA	Country USA



01212008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BERGERON, JOSEPH 281 S.E. FALCON RD. BRANFORD, FL 32008	
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4. FEI Number 41-2230460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip 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 agent.	
SIGNATURE: <u>Joseph Bergeron</u>	DATE: <u>4/19/08</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BERGERON, JOSEPH 281 S.E. FALCON RD. BRANFORD, FL 32008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BERGERON, JOSEPH 281 S.E. FALCON RD. BRANFORD, FL 32008 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERGERON, DONALD 281 S.E. FALCON RD. BRANFORD, FL 32008 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> 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, with all other like empowered.	
SIGNATURE: <u>Joseph Bergeron</u>	DATE: <u>4/19/08</u> (386) 344-3490