## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2008 8:00 am Secretary of State DOCUMENT # P07000042889 04-14-2008 90030 010 \*\*\*158.75 1. Entity Name M. F. BERG, INC. Principal Place of Business Mailing Address 7000000 **30 TIMUCUAN DRIVE 30 TIMUCUAN DRIVE** ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102008 CR2E034 (12/06) Chq-P Applied For City & State City & State 4. FEI Number Not Applicable Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERG, MARC E Street Address (P.O. Box Number is Not Acceptable) 30 TIMUCUAN DRIVE ORMOND BEACH, FL 32174 City 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 Squature, intend or prevent name of requirement agent and life if applicable. (NOTE: Registered Agent aignsture reduced when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008: Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE Delete TITLE ☐ Change Addition BERG, MARC E NAME NAME STREET ADDRESS 30 SPANISH WATERS DR. STREET ADDRESS ORMOND BEACH, FL 32176 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIME ☐ Delete MEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TRLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-21P CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition HILE HUMAE MAME STREET ACCINESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 charged, or on an attactionent with fin articless, by half the empowered. MARCE, BERG SIGNATURE: SIGNATURE AL TYPED OR PRINTED NAME OF SIGNING OFFIC OH DIRECTOR