2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2008 8:00 am Secretary of State

DOCUMENT # P07000127150 1. Entity Name BERCHTOLD BUILDERS, INC.					02-27-2008 9	90018 010 ***	150.00	
Principal Place of Business 729 DEAN WAY FORT MYERS, FL 33919 US Mailing Address 729 DEAN WAY FORT MYERS, FL 33919 US								
2. Principal Place of Business - No P.O. Box # 739 DEAW WAY Sulle, Apt. #, etc. FORT Myras				02072008	02072008 Chg-P CR2E034 (12/06)			
City & State		City & State		4. FEI Number	27 173	90	Applied For Not Applicable	
	919 Country 5	Zip	Country		Status Desired		5 Additional	
	- 6. Name and Address of Current F	Registered Agent		- 7. Name and A	ddress of New R	Registered Agent		
BERCHTO 729 DEAN FORT MYE			E AEO A. BERCHTOLD et Address (P.O. Box Number is Not Acceptable) 729 DEAW WAY					
			City Fore	T My CAS	·	FL 3	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWILL-FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I		11.	ADDITIONS/C	HANGES TO OFF	ICERS AND DIREC		
NAME STREET ADDRESS CITY-ST-ZIP	LED A. BERCHTUN 129 DEWN WAY FORT MYERS F		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	nange	
NAME STREET ADDRESS CITY-ST-ZIP	PETER HOULAA 1315 SE 35th TRE CAPE CURRL, F	O Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	nange 🔲 Addition	
TITLE JEC NAME STREET ADDRESS CITY-ST-ZIP	LEO A. BERCH DI 129 - DEAN WAY FORT MYERS,	_ ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch	iange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch	ange Addition	
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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 it made under oath; that I am an officer or director of the comparation or the receiver of 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								

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an addjess, with all other like empowered.

SIGNATURE: