


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90180 017 \*\*\*150.00

<b>DOCUMENT # P93000076918</b>																																																																																																																																			
<b>1. Entity Name</b> BERRY FINANCIAL SERVICES, INC.																																																																																																																																			
<b>Principal Place of Business</b> 640 N VOLUSIA AVE. SUITE A ORANGE CITY, FL 32763    US			<b>Mailing Address</b> 640 N VOLUSIA AVE. SUITE A ORANGE CITY, FL 32763    US																																																																																																																																
<b>2. Principal Place of Business - No P.O. Box #</b> 69 Westgri II Drive			<b>3. Mailing Address</b> Suite, Apt. #, etc.																																																																																																																																
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<b>City &amp; State</b> Palm Coast FL			<b>City &amp; State</b>																																																																																																																																
<b>Zip</b> 32164		<b>Country</b> USA		<b>4. FEI Number</b> 59-3205767																																																																																																																															
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b> BERRY, CRAIG R 640 N VOLUSIA AVE. SUITE A ORANGE CITY, FL 32763				<b>7. Name and Address of New Registered Agent</b> Name: Berry, Craig R. Street Address (P.O. Box Number is Not Acceptable): 69 Westgri II Drive City: Palm Coast FL Zip Code: 32164																																																																																																																															
<b>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.</b> SIGNATURE: <i>Craig R. Berry</i> (NOTE: Registered Agent signature required when reinstating)    DATE:																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete <input type="checkbox"/></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>BERRY, CRAIG R</td> <td></td> <td>NAME</td> <td>Craig R. Berry</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3 PINE CREST LN</td> <td></td> <td>STREET ADDRESS</td> <td>69 Westgri II Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM COAST, FL 32164</td> <td></td> <td>CITY-ST-ZIP</td> <td>Palm Coast, FL 32164</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	BERRY, CRAIG R		NAME	Craig R. Berry		STREET ADDRESS	3 PINE CREST LN		STREET ADDRESS	69 Westgri II Drive		CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	Palm Coast, FL 32164		TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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<b>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</b>																																																																																																																																			
<b>SIGNATURE:</b> <i>Craig R. Berry</i>			Date: 4/25/07    Daytime Phone: 407-414-4800																																																																																																																																
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																			