

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000011283	
1. Entity Name BERMAN RANCH, INC.	
Principal Place of Business 3105 NE 128 AVE OKEECHOBEE, FL 34792	Mailing Address 3105 NE 128 AVE OKEECHOBEE, FL 34792



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0565554	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERMAN, WILLIAM B
3105 NE 128 AVE
OKEECHOBEE, FL 34792

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERMAN, ANN I
STREET ADDRESS	2808 N 46 ST
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	D
NAME	BERMAN, WILLIAM B
STREET ADDRESS	4080 N 41 CT
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	JOHNSON, PHYLLIS
STREET ADDRESS	220 W 93 ST #6D
CITY-ST-ZIP	NEW YORK, NY 10025
TITLE	D
NAME	KAHN, BERNICE B
STREET ADDRESS	27 W 86 ST #11D
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/15/05-80006-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ann I. Berman

ANN I. BERMAN

7-12-05 (954) 946-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #