


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State

| | | | |
|---|---------|---|---------|
| DOCUMENT # P95000068362 | |  | |
| 1. Entity Name BERESFORD, INC. | | | |
| Principal Place of Business 616 GLENDA STREET LAKELAND FL 33805 | | Mailing Address 616 GLENDA STREET LAKELAND FL 33805 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E034 (10/04)

| | | | |
|---|--|--|--|
| 4. FEI Number 59-3333183 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent BERESFORD, JOAN C 616 GLENDA STREET LAKELAND FL 33805 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> Delete BERESFORD, JOAN C 616 GLENDA STREET LAKELAND FL 33805 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000256308 03/09/05-80010-007 150.00 |
| TITLE | D <input type="checkbox"/> Delete BERESFORD, SANDAL H 620 GLENDA STREET LAKELAND FL 33805-2112 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D <input type="checkbox"/> Delete BERESFORD, ROBERT F 3020 GARRISON STREET SAN DIEGO CA 92106 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Joan C. Beresford 3-9-05 (862) 488-2801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #