

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # P96000099987

1. Entity Name
BERKLEY DEVELOPMENT CORPORATION



Principal Place of Business
**3625 DEL PRADO BLVD.
CAPE CORAL, FL 33904**

Mailing Address
**3625 DEL PRADO BLVD.
CAPE CORAL, FL 33904**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0712398	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GERRERO, ROBERT D
3625 DEL PRADO BLVD.
CAPE CORAL, FL 33904**

**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 file if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERRERO, HENRY 3625 DEL PRADO BLVD. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERRERO, ROBERT 3625 DEL PRADO BLVD. CAPE CORAL, FL 33904
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**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04 239 540 3600
Day/Time Phone #