2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000008710

1. Entity Name
TRAVIS BERRY, INC.

Principal Place of Business	Mailing Address
1863 TIMBERS WEST BLVD ROCKLEDGE, FL 32955	1863 TIMBERS WEST BLVD ROCKLEDGE, FL 32955

01282004 No Chg-P CB2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3427047
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERRY, TRAVIS W
1863 TIMBERS WEST BLVD
ROCKLEDGE, FL 32955

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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: Travis Wayne Berry CEO 1/28/04
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
~~**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	D
NAME	BERRY, TRAVIS W
STREET ADDRESS	1863 TIMBERS WEST BLVD
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/04-80083-003 150.00

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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: Travis Wayne Berry 1/28/04 (321) 633-5614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #