
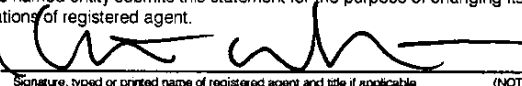
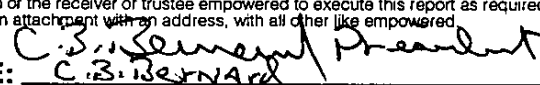


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90295 044 ***150.00

DOCUMENT # P97000045903 1. Entity Name BERNARD PROPERTIES, INC.			
Principal Place of Business 8801 78TH ST., N. TAMPA, FL 33637		Mailing Address C/O KOEHLER & CO 1611 W PLATT ST TAMPA, FL 33606	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. 502 N. ARMENIA AVE City & State TAMPA FL Zip 33609	
Country USA		4. FEI Number 59-3453118	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERNARD, CHARLES B 9818 DAVIS RD TEMPLE TERRACE, FL 33637		7. Name and Address of New Registered Agent KEITH W. KOEHLER Koehler & Company, P.A. 502 North Armenia Avenue Tampa, FL 33609	
8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. SIGNATURE: 		Date: 4/20/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD, CHARLES B 9818 DAVIS RD. TEMPLE TERR., FL 33637	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD, JUDY 9818 DAVIS RD. TEMPLE TERR., FL 33637	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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:  C.B. BERNARD		Date: 4-21-05 813 985-0019	

50043107



04192005 Chg-P CR2E034 (10/03)

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r with, and accept

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE