

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000080462 1. Entity Name BER MORTGAGE SERVICES, INC.	
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Principal Place of Business 1415 S. WASHINGTON AVE. TITUSVILLE, FL 32780	Mailing Address 1415 S. WASHINGTON AVE. TITUSVILLE, FL 32780
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RETZ, STANLEY E 1415 S. WASHINGTON AVE. TITUSVILLE, FL 32780	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	U00000033734 02/05/04-80055-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EIGENMANN, BETTY J 1415 S. WASHINGTON AVE. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RETZ, STANLEY E 1415 S. WASHINGTON AVE. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, E. DOUGLAS 1415 S. WASHINGTON AVE. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>1-30-04</u>	Daytime Phone # _____
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