2005 FOR PROFIT CORPORATION ANNUAL REPORT

griss . p

| | MITITUAL | MEPUNI | | | |
|---|---|---|----|--|--|
| 1. Entity Nam | MENT # P980000005 E. BERGER, P.A. | 551 | | | |
| 1150 TAMPA | e of Business A ROAD DR, FL 34683 | Mailing Address 1150 TAMPA ROAD PALM HARBOR, FL 34683 | | | |
| DO NOT WRITE IN THIS SPACE | | | CE | 01032005 No Chg-P CR2E034 (10/03) 4. FEJ Number Applied For S9-3554083 Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required | |
| BERGER, BARRY E 1150 TAMPA ROAD PALM HARBOR, FL 34683 | | | | DO NOT WRITE IN THIS SPACE | |
| 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 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After Hay 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE | OFFICERS AND DI PST BERGER, BARRY E 1150 TAMPA ROAD PALM HARBOR, FL 34683 | HECTORS . | | U00000172814 01/06/05-80013-008 150.00 DO NOT WRITE IN THIS SPACE | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | | | | | |
| | 12. I hereby certify that the information supplied with this filling 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 oait; that I am an officer or director of 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. | | | | |
| ASONATORE AND PED OR PRINTED NAME OF SIGNING OFFICER OR CIRECTOR Date Cayliste Proce # | | | | | |