


FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000015543 1. Entity Name DENNIS I. BERNER, CPA, P.A.				San 07, 2005 08:00 AM Secretary of State	
Principal Place of Business 3726 N. GOLDENROD ROAD SUITE 1 WINTER PARK, FL 32792		Mailing Address 3726 N. GOLDENROD ROAD SUITE 1 WINTER PARK, FL 32792			
DO NOT WRITE IN THIS SPACE				01042005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-3488923	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNER, DENNIS I 3726 N GOLDENROD RD STE 1 WINTER PARK, FL 32792				DO NOT WRITE IN THIS SPACE	
3. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD BERNER, DENNIS I 3726 N. GOLDENROD ROAD SUITE 1 WINTER PARK, FL 32792		U000000173554 01/07/05-80022-020 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO NOT WRITE IN THIS SPACE	
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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)(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:  1/4/05 407 657-5335 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					