2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2004 08:00 AM Secretary of State Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Supplementary Supplementary J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Chy & State J. Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death Mailing Address 30 SPANSH WATERS DR, ORMOND BEACH FL 20176 Death	ANNUAL REPORT (AR)			_ FILED	
Principal Place of Guildress Sepansies MAJRID Address Sepansies MAJRID	l .	083179			
SO SPANISH WATERS DR. SO SPANISH WATERS DR. GRAWOND BEACH FL 32176 Solid, ACT F, 400 MOORE CP2E034 (11/00) A FEI Number Sp-3636175 Solid Registered Agent Country Solid Registered Agent Name BERG, MARC E 30 SPANISH WATERS DR. CRWOND BEACH FL 32176 Solid Registered Agent Solid Registered Agent Solid Registered Agent Name Solid Registered Agent Solid Registered Agent Name Solid Registered Agent Name Solid Registered Agent Solid Registered Agent Name Solid Registered Agent Solid Registered Agent Solid Registered Agent Name Solid Registered Agent Name Solid Registered Agent Solid Registered Agent Name Solid Registered Agent Solid Registered Agent Name Solid Registered Solid Registered Agent Name Solid Registered Agent Name Solid Registered Agent Name Solid Registered Agent Name Solid Registered Solid Registere	M. F. BERG, INC.				
CRIMOND BEACH FL 32176 2. Principal Place of Business Suris, ASI, if, etc. Suris, ASI, etc. Suris, A	Principal Place of Business	Mailing Address	-		
Suite, Apt. F, etc. Suite, Apt. F, etc. Suite, Apt. F, etc. Suite, Apt. F, etc. MOORE CR2E034 (11/03) City & State City & State City & State A. FEI Number 59-3536175 Applied For Not Applied For Not Applied For Not Applied For Not Applied For State A. FEI Number 59-3536175 Not Applied For Not Applied For Not Applied For State A. FEI Number 59-3536175 Not Applied For State Applied For Not Applied For State Appli					
Suite, Apt. F, etc. Suite, Apt. F, etc. Suite, Apt. F, etc. Suite, Apt. F, etc. MOORE CR2E034 (11/03) City & State City & State City & State A. FEI Number 59-3536175 Applied For Not Applied For Not Applied For Not Applied For Not Applied For State A. FEI Number 59-3536175 Not Applied For Not Applied For Not Applied For State A. FEI Number 59-3536175 Not Applied For State Applied For Not Applied For State Appli				L HERRYRERY FRE HANNY NORTH BOTH BOTH BORN GREEK FREE HANN THIN JOHN JOHN HER HERR	
City & State Country City City City City City City City City	2. Principal Place of Business	3. Mailing Address	<u> </u>		
Typ Country Zp Country Sp. Cou	Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
BERG, MARC E 30 SPANISH WATERS DR. ORNOND BEACH FL 32176 8. The above cannot only submits this statement for the purpose of changing its registered Agent produce or regi	City & State	City & State		50.262617E	
BERG, MARC E 30 SPANISH WATERS DR ORMOND BEACH FL 32176 B. The above named entry submits this statement for the purpose of changing its registered After or requirement and subjected agent. B. The above named entry submits this statement for the purpose of changing its registered After or requirement and purpose of purpose of changing its registered After or requirement and purpose of changing its registered After or requirement and purpose of changing its registered After or requirement and purpose of purpose of changing its registered After or requirement and purpose of changing its registered After or requirement and purpose of changing its registered After or requirement and purpose of changing its registered After or requirement and purpose of changing its registered After or requirement and purpose of changing its registered After or requirement and purpose of changing its registered After or requirement and purpose of changing its registered After or requirement and purpose of changing its registered After or requirement and purpose, or registered After or requirement and purpose of changing its registered After or requirement and purpose, or registered After or requirement and purpose, or registered After or requirement and purpose. FILE NOWILI FEE IS 159.0.0 After May 1, 2004 FeB S 159.0.0 Addition Make SIRET AGRESS OF ST. 20 OFFICERS AND DIRECTORS IN 17 ST. 20 OFFICERS AND DIRECTORS OFFICERS AND DIRECTOR	Zip Country	Zıp	Country	5 Certificate of Status Desired \$8.75 Additional	
BERG, MARC E 30 SPANISH WATERS DR. ORMOND BEACH FL 32176 City FL Zip Code 8. The above mend cently submits this statement for the purpose of changing its registered affect or requisered sevent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$	6. Name and Address of Current Registered Agent 7. N			7. Name and Address of New Registered Agent	
30 SPANISH WATERS DR. ORMOND BEACH FL 32176 Dity FL Zp Code	DEDO MADO E		Name		
B. The above named entity submits this statement for the purpose of changing its registered afface or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SER	30 SPANISH WATERS D		Street Address	(P.O. Box Number is Not Acceptable)	
B. The above named entity submiss this statement for the purpose of changing its registered proce or registered angent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### AND C.E. BERC	OTHEONE BEACHTE DE	.,,	City	Zn Code	
The buildingtions of rigilistered agent. SIGNATURE				<u> </u>	
SIGNATURE Change Delder	the obligations of registered agent.				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$55.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 TITE DEBER, MARC E SIRET ADDRESS ORN-ST-20 ORMOND BEACH FL 32176 TITE NAME SIRET ADDRESS OTY-ST-20 ORNOND BEACH FL 32176 TITE NAME SIRET A	SIGNATURE // IAA C C				
After May 1, 2004 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D	FILE NOW!!! FEE IS \$150.00				
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP TIT	After May 1, 2004 Fee will be \$	550.00			
NAME SITEET ADDRESS OTY-ST-ZP TITLE OTHER STREET ADDRESS OTY-ST-ZP TITLE OTHER OT		1 6 .12	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
STREET ADDRESS CITY -ST - ZP ORMOND BEACH FL 32176 TITLE MAKE STREET ADDRESS CITY -ST - ZP TITLE MAKE STREET ADDRESS	,	☐ Delete		☐ Change ☐ Addition	
CITY-ST-ZIP CITY-	1				
NAME SIREE ADDRESS CITY ST- ZP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZP TITLE NAME SIREET ADDRESS CITY-ST- ZP Delete TITLE NAME SIREET ADDRESS CITY-ST- ZP TITLE NAME SIRET ADDRESS CITY-ST- ZP TITLE NAM	1		CITY-S1-ZIP	and the second s	
STREET ADDRESS CITY ST- 2P TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY ST- 2P TITLE Delete TITLE Delete TITLE Delete TITLE MAKE STREET ADDRESS CITY ST- 2P TITLE MAKE STREET ADDRESS CITY		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-S	! I		*******	02/12/04-80019-008 158.75	
NAME STRET ADDRESS CITY-ST-ZIP TITLE Delete NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE Delete NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE Delete NAME STRET ADDRESS CITY-ST-ZIP TITLE Delete NAME STRET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP STRET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP STRET ADDRESS CITY-ST-ZIP STRET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP STRET ADDRESS CITY-S	CITY-ST-ZIP		CITY ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAM	!	☐ Delete		Change Addition	
TITLE NAME STRET ADDRESS CITY- ST- JP TITLE Delete TITLE NAME STRET ADDRESS CITY- ST- JP TITLE Delete TITLE NAME STRET ADDRESS CITY- ST- ZIP TO belete TITLE NAME STRET ADDRESS CITY- ST- ZIP TO belete TITLE NAME STRET ADDRESS CITY- ST- ZIP TO belete TITLE NAME STRET ADDRESS CITY- ST- ZIP TO belete TITLE NAME STRET ADDRESS CITY- ST- ZIP TO belete TITLE NAME STRET ADDRESS CITY- ST- ZIP TO belete TITLE NAME STRET ADDRESS CITY- ST- ZIP TO belete TITLE NAME STRET ADDRESS CITY- ST- ZIP TO belete TITLE NAME STRET ADDRESS CITY- ST- ZIP TO belete TITLE NAME STRET ADDRESS CITY- ST- ZIP TITLE NAME S	1		STREET ADDRESS		
NAME STRETT ADDRESS CITY- ST- ZIP TITLE Delete ITILE Delete NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP Change Addition NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP Delete TITLE Delete TITLE NAME NAME Delete TITLE NAME NAME STREET ADDRESS CITY- ST- ZIP Delete TITLE Delete TITLE NAME NAME STREET ADDRESS CITY- ST- ZIP 12. It 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 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, Elorida 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: ### ARC E. BURB STREET ADDRESS CITY-ST-ZIP Chapter 607, Elorida Statutes: and that my name appears in Block 10 or Block 11 if Change Addition Addi			-		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO belete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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: **Change** **Change** **Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if the changed. The changed of		L_1 Delete	1	E Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO BE STREET ADDRESS CITY-ST-ZIP 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, Elorida 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: **THEE Change** Addition Addition Addition	l				
STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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: WARCE. SUM		□ Delete		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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: WARCE. SUM	i i		1		
NAME STREET ADDRESS CITY-ST-ZIP 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: **MACE.** SEMA** **ACCE.** SEMA** **ACCE	1				
STREET ADDRESS CITY-ST-ZIP 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: **STREET ADDRESS** CITY-ST-ZIP 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:** **Total Control of the corporation 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. **SIGNATURE:** **Total Control of the corporation of	TITLE	☐ Delete	a i	Change 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: **The corporation of the certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or 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 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 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 in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the inform					
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				a contract of	
SIGNATURE: WARC E. BERG W/ 1-31-04 347-0628	12. I hereby certify that the information sup indicated on this report or supplements of the corporation or the receiver or true	plied with this filing does not qualify for al report is true and accurate and that m stee empowered to execute this report	the exemption stated in Se y signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7. 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.				
	DIGITAL DITE:				