

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90031 045 ***158.75

DOCUMENT # P98000083179

1. Entity Name

M. F. BERG, INC.



Principal Place of Business

30 SPANISH WATERS DR.
ORMOND BEACH FL 32176

Mailing Address

30 SPANISH WATERS DR.
ORMOND BEACH FL 32176

2. Principal Place of Business

30 TIMUCUAN DR.

Suite, Apt. #, etc.

ORMOND BEACH, FL.

City & State

32174

3. Mailing Address

30 TIMUCUAN DR.

Suite, Apt. #, etc.

ORMOND BEACH, FL.

City & State

32174



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3536175

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERG, MARC E
30 SPANISH WATERS DR.
ORMOND BEACH FL 32176

CHANGE OF
ADDRESS →

7. Name and Address of New Registered Agent

Name — MARC E. BERG

Street Address (P.O. Box Number is Not Acceptable)

30 TIMUCUAN DR.

ORMOND BEACH,

City

FL

Zip Code

32174

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BERG, MARC E
STREET ADDRESS 30 SPANISH WATERS DR.
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

M. F. Berg 2-6-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-947-0694

Date

Daytime Phone #