

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090570

Entity Name: BERGIE OF FLORIDA, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

4801 GEORGE RD., STE. 100
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

360 SHORE DRIVE
BURR RIDGE, FL 60521

New Mailing Address:

FEI Number: 59-3541910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BERGDOLL, ROBERT A JR
Address: 360 SHORE DRIVE
City-St-Zip: BURR RIDGE, IL 60521

Title: DS () Delete
Name: BERGDOLL, HOWARD
Address: 336 SHORE DRIVE
City-St-Zip: BURR RIDGE, IL 60521

Title: P () Delete
Name: QUINTON, JOHN
Address: 360 SHORE DRIVE
City-St-Zip: BURR RIDGE, IL 60521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA LECLAIRE

C

04/18/2007

Electronic Signature of Signing Officer or Director

Date