


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90251 025 ***150.00

DOCUMENT # P98000094375		
1. Entity Name R. C. BERRY ENTERPRISES, INC.		

Principal Place of Business 21348 EDGEWATER DRIVE PORT CHARLOTTE, FL 33952 US	Mailing Address 21348 EDGEWATER DRIVE PORT CHARLOTTE, FL 33952 US
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50041619



2. Principal Place of Business 12000 Chancellor Blvd	3. Mailing Address 12000 Chancellor Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State Port Charlotte FL	City & State Port Charlotte FL
Zip 33953	Country USA
City & State Port Charlotte FL	City & State Port Charlotte FL
Zip 33953	Country USA

4. FEI Number 65-0880090	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERRY, ROBERT C 21348 EDGEWATER DRIVE PORT CHARLOTTE, FL 33952	
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7. Name and Address of New Registered Agent	
Name Berry Robert C	
Street Address (P.O. Box Number is Not Acceptable) 12000 Chancellor Blvd	
City Port Charlotte	FL Zip Code 33953

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 constituting)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BERRY, ROBERT C PRES 21348 EDGEWATER DRIVE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE DAVIS-BERRY, DAWN M VICE PR 21348 EDGEWATER DR PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES Berry, Robert C Pres 12000 Chancellor Blvd Port Charlotte FL 33953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE Davis-Berry, Dawn M Vice Pres 12000 Chancellor Blvd Port Charlotte FL 33953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Dawn Davis-Berry V-Pres	Date: 4/19/05	Daytime Phone: 941-764-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		