


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90058 015 ***150.00

DOCUMENT # P99000012909			
1. Entity Name DONALD L. BERG ASSOCIATES, INC.			
Principal Place of Business 200 OCEAN LANE DR AP PA 6 KEY BISCAWAYNE, FL 33149		Mailing Address 723A SAINT ANDREWS BLVD. CHARLESTON, SC 29407	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o DON BERG - 13 OAKDALE PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CHARLESTON	
Zip	Country	Zip SC	Country 29407
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERG, DONALD L 200 OCEAN ANE DRIVE KEY BISCAWAYNE, FL 33149		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BERG, DONALD L 200 OCEAN LANE DRIVE KEY BISCAWAYNE, FL 33149	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-8-08	Daytime Phone # (843) 573 4900