


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90210 024 ***150.00

DOCUMENT # P99000049648			
1. Entity Name BERGER, INC. OF NOKOMIS			
Principal Place of Business 1070 MCALL RD. ENGLEWOOD, FL 34223		Mailing Address 1070 MCALL RD. ENGLEWOOD, FL 34223	
2. Principal Place of Business 2104 Muskogee Tr.		2. Mailing Address 2104 Muskogee Tr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Nokomis, FL		Nokomis, FL	
3. FEI Number 34275		Country	
3. FEI Number 34275		Country	
4. FEI Number 65-0924087		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGER, WILLIAM H 155 W. DEARBORN STREET ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name Berger, William H Street Address (P.O. Box Number is Not Acceptable) 2104 Muskogee Tr City Nokomis, FL 34275 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 <i>William H. Berger</i> WILLIAM H. BERGER 3-01-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D BERGER, WILLIAM H 2104 MOS KOGEE TRAIL NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Berger, William H 2104 Muskogee Tr Nokomis, FL 34275 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, LINDA A 2104 MUSKEGEE TRAIL NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Berger, Linda A 2104 Muskogee Tr Nokomis, FL 34275 <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
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
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
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: <i>William H. Berger</i> WILLIAM H. BERGER		3-01-04 941-412-1600 <small>Date Daytime Phone #</small>	

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