

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000080861	
1. Entity Name LEO A. BERCHTOLD, INC.	

Principal Place of Business 729 DEAN WAY FT MYERS FL 33919	Mailing Address 729 DEAN WAY FT MYERS FL 33919
---	---



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0950490 ☐ Applied For ☐ Not Applied

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERCHTOLD, LEO A 729 DEAN WAY FT MYERS FL 33919		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 _____ (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, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT ☐ Delete	NAME BERCHTOLD, LEO A STREET ADDRESS 729 DEAN WAY CITY-ST-ZIP FORT MYERS FL 33919	TITLE ☐ Change ☐ Add	NAME STREET ADDRESS CITY-ST-ZIP
TITLE VPS ☐ Delete	NAME BERCHTOLD, JULIE C STREET ADDRESS 729 DEAN WAY CITY-ST-ZIP FORT MYERS FL 33919	TITLE ☐ Change ☐ Add	NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Add	NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Add	NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Add	NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Add	NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Leo A Berchtold **1/30/06** **239-481-2929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR