

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S37809

1. Entity Name
BERKELEY PENNINGTON ASSOCIATES, INC.



Principal Place of Business

**C/O LADONNA J. CODY
12661 NEW BRITTANY BLVD
FT. MYERS, FL 33907 US**

Mailing Address

**C/O LADONNA J. CODY
12661 NEW BRITTANY BLVD
FT. MYERS, FL 33907 US**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0256780

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CODY, LADONNA J P.A.
12661 NEW BRITTANY BLVD.
FT MYERS, FL 33907**

**DO NOT WRITE
IN THIS SPACE**

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

000000676845

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

03/30/07-80077-010 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
WESTBROOK, DENIS S.
12661 NEW BRITTANY BLVD.
FT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DAVISON, FRANCESCA
12661 NEW BRITTANY BLVD
FORT MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/1/07 239-344-6222
239-939-6161**