

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071364

Entity Name: P.A. BERRY, CO., INC.

FILED  
Apr 21, 2008  
Secretary of State

## Current Principal Place of Business:

100 LAKEVIEW TRAIL  
CRESCENT CITY, FL 32112

## New Principal Place of Business:

218 KIRKWOOD AVE  
POMONA PARK, FL 32181

## Current Mailing Address:

100 LAKEVIEW TR  
CRESCENT CITY, FL 32112

## New Mailing Address:

218 KIRKWOOD AVE  
POMONA PARK, FL 32181

FEI Number: 80-0037554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, PATRICIA A  
100 LAKEVIEW TRAIL  
CRESCENT CITY, FL 32112 US

## Name and Address of New Registered Agent:

BROWN, PATRICIA A  
218 KIRKWOOD AVE  
POMONA PARK, FL 32181 US

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.

SIGNATURE:

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FREEMAN, CHERYLE A  
Address: 100 LAKEVIEW TRAIL  
City-St-Zip: CRESCENT CITY, FL 32112

Title: V ( ) Delete  
Name: BROWN, JAMES L  
Address: 100 LAKEVIEW TRAIL  
City-St-Zip: CRESCENT CITY, FL 32112

Title: TS ( ) Delete  
Name: BROWN, PATRICIA A  
Address: 100 LAKEVIEW TRAIL  
City-St-Zip: CRESCENT CITY, FL 32112

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FREEMAN, CHERYLE A  
Address: 218 KIRKWOOD AVE  
City-St-Zip: POMONA PARK, FL 32181

Title: V (X) Change ( ) Addition  
Name: BROWN, JAMES L  
Address: 218 KIRKWOOD AVE  
City-St-Zip: POMONA PARK, FL 32181

Title: TS (X) Change ( ) Addition  
Name: BROWN, PATRICIA A  
Address: 218 KIRKWOOD AVE  
City-St-Zip: POMONA PARK, FL 32181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA BROWN

TREA

04/21/2008

Electronic Signature of Signing Officer or Director

Date