


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000054415

1. Entity Name
CHERRY LAKE INVESTMENTS, INC.



FILED

04 JUL 12 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2195 LAKE BRADFORD ROAD, TALLAHASSEE, FL 32310


Mailing Address: 2195 LAKE BRADFORD ROAD, TALLAHASSEE, FL 32310

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



07122004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-345543 **X5** (Applied For) **Not Applicable**

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

MRD

6. Name and Address of Current Registered Agent

ROBERTS, CHARLES E
2195 LAKE BRADFORD ROAD
TALLAHASSEE, FL, 32310

7. Name and Address of New Registered Agent

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: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, CHARLES E	
STREET ADDRESS	2195 LAKE BRADFORD ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAGANS, JAMES W	
STREET ADDRESS	2195 LAKE BRADFORD ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

900039537923
07/26/04--01073--002 **150.00

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: _____ Date: 7-12-04 Daytime Phone #: (850) 576-3145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR