


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000058648 1. Entity Name CHEERMANIA CORPORATION	
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Principal Place of Business 6332 S TEX PT HOMOSASSA SPRINGS, FL 34447	Mailing Address PO BOX 170 LECANTO, FL 34460
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2582999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUPP, IRENE R
19 S LECANTO HIGHWAY
LECANTO, FL 34460**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000133740
04/27/04-80101-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUPP, IRENE R
STREET ADDRESS	19 S. LECANTO HIGHWAY
CITY-ST-ZIP	LECANTO, FL 34460
TITLE	D
NAME	HUPP, RUSSELL A JR.
STREET ADDRESS	19 S. LECANTO HIGHWAY
CITY-ST-ZIP	LECANTO, FL 34460
TITLE	D
NAME	PHILLIPS, JENNIFER H
STREET ADDRESS	PO BOX 958, 25 S. LECANTO HWY
CITY-ST-ZIP	LECANTO, FL 34460
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 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: *Irene R Hupp* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____