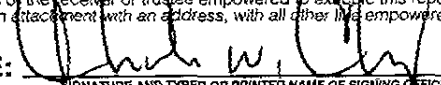


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 247716		
1. Entity Name MORMEN REALTY & DEVELOPMENT CORPORATION		
Principal Place of Business 427 SO. M. L. KING BLVD. P.O. BOX 1873 DAYTONA BEACH, FL 32115	Mailing Address 327 SO. M. L. KING BLVD. P.O. BOX 1873 DAYTONA BEACH, FL 32115	
DO NOT WRITE IN THIS SPACE		
		03082003 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1158480
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CHERRY, CHARLES W. 623 ORANGE AVE DAYTONA BEACH, FL 32114		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)		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	CHERRY, CHARLES W	
STREET ADDRESS	623 ORANGE AVE	
CITY - ST - ZIP	DAYTONA BCH, FL	
TITLE	V	
NAME	CHERRY, CHARLES W II	
STREET ADDRESS	623 ORANGE AVE	
CITY - ST - ZIP	DAYTONA BCH, FL	
TITLE	S	
NAME	CHERRY, GLENN W	
STREET ADDRESS	623 ORANGE AVE	
CITY - ST - ZIP	DAYTONA BCH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 lines empowered.		
SIGNATURE: 		8/1/04 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #