

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 248049
 1. Entity Name
CHERRY FARMS, INC.



Principal Place of Business LARRIE CHERRY P.O. BOX 128 HIGHWAY 255 LEE, FL 32059-9701	Mailing Address LARRIE CHERRY P.O. BOX 128 HIGHWAY 255 LEE, FL 32059-9701
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04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0940326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CHERRY, VIRGINIA B
 HWY 255 AT SOUTH LEE CITY LIMIT
 LEE, FL 32059**

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 rechartering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM D 2415 WINDING RD VALDOSTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERRY, VIRGINIA B HIGHWAY 255 LEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHERRY, CARSON L ROLLER COASTER HILL MADISON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHERRY, VIRGINIA B HIGHWAY 255 LEE FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITFIELD, JO ANN C. RT. 2 BOX 1200 MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

10000032613
 APR 25 2005 800 35 004 150.00

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: Jo Ann Whitfield Jo Ann Whitfield 4/22/05 971-5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #