

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90085 003 ***150.00

DOCUMENT # 387755

1. Entity Name
CHEROKEE PARK, INC.



Principal Place of Business
**9750 S. OCEAN DRIVE
JENSEN BEACH, FL 34957**

Mailing Address
**9750 S. OCEAN DRIVE
JENSEN BEACH, FL 34957**

50008598



2. Principal Place of Business

3. Mailing Address

4360 NE JOE'S POINT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162005

Chg-P

CR2E034 (10/03)

City & State

City & State

STUART, FL

4. FEI Number

59-1359934

Applied For

Not Applicable

Zip

Country

Zip

34996

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FILLICHIO, ANTHONY
9750 S. OCEAN DRIVE
JENSEN BEACH, FL 34957**

Name

ANTHONY FILLICHIO

Street Address (P.O. Box Number is Not Acceptable)

4360 NE JOE'S POINT ROAD

City

STUART

FL

Zip Code

34996

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

Anthony Fillichio

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FILLICHIO, ANTHONY
STREET ADDRESS 4360 NE JOES PT RD
CITY-ST-ZIP STUART, FL 34996

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME FILLICHIO, CATHERINE
STREET ADDRESS 4360 NW JOES PT RD
CITY-ST-ZIP STUART, FL 34996

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4360 NE JOE'S POINT ROAD**
CITY-ST-ZIP **STUART, FL 34996**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

Anthony Fillichio **ANTHONY FILLICHIO**

Date

1/28/05

Daytime Phone #