

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003370

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** CHERRINGTON ENTERPRISES, INC.

**Current Principal Place of Business:**

1805 - 2ND AVENUE SW  
JAMESTOWN, ND 58401 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2135  
JAMESTOWN, ND 584022135 US

**New Mailing Address:**

**FEI Number:** 80-0014390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** MCPHERSON, MICHAEL G  
**Address:** 515 8TH AVENUE S.W.  
**City-St-Zip:** JAMESTOWN, ND 58401 US

**Title:** CEO  
**Name:** MCPHERSON, MARION E  
**Address:** 110 18TH AVE NE  
**City-St-Zip:** JAMESTOWN, ND 58401 US

**Title:** TREA  
**Name:** LUNDE, KIMBERLY K  
**Address:** 1605 7TH AVE. S.E.  
**City-St-Zip:** JAMESTOWN, ND 58401 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KIMBERLY LUNDE

TREA

02/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date