

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90057 002 \*\*\*163.75

**DOCUMENT # F02000004611**



1. Entry Name  
**CHEROKEE CHAINLIN & CONSTRUCTION INC.**

Principal Place of Business  
**34345 STOWE RD  
HEMET, CA 92545**

Mailing Address  
**3507 W STETSON AVE  
STE F PMB232  
HEMET, CA 92545 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



02012007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**33-0775763**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ 1

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOPER, LISA  
707 MULLETT DR #108  
PORT CANAVERAL, FL 32920**

Name

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

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BREWER, JOHN  
STREET ADDRESS 33250 LINDENBERGER RD  
CITY-ST-ZIP MENIFEE, CA 92584

TITLE S ☐ Delete  
NAME BREWER, KARLA  
STREET ADDRESS 33250 LINDENBERGER RD  
CITY-ST-ZIP MENIFEE, CA 92584

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME BREWER, JOHN  
STREET ADDRESS 34345 STOWE RD  
CITY-ST-ZIP HEMET, CA 92545

TITLE S ☒ Change ☐ Addition  
NAME BREWER, KARLA  
STREET ADDRESS 34345 STOWE RD  
CITY-ST-ZIP HEMET, CA 92545

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

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

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

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 exemptions contained in Chapter 119, 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:

*John Brewer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-8-07*  
Date

Daytime Phone #