

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J96915

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** CHEREDE CORPORATION

**Current Principal Place of Business:**

2521 13TH ST STE C  
SAINT CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

2825 WILSON ROAD  
SAINT CLOUD, FL 34772 US

**New Mailing Address:**

**FEI Number:** 59-2850448      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CARL, BETTY S.  
2825 WILSON ROAD  
ST. CLOUD, FL 34772 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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** CARL, BETTY S  
**Address:** 2825 WILSON RD  
**City-St-Zip:** ST. CLOUD, FL

**Title:** DST  
**Name:** FENSOD, SARA A.  
**Address:** 2521 13TH ST STE C  
**City-St-Zip:** ST. CLOUD, FL 34769

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: BETTY S CARL

DP

04/22/2012

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

\_\_\_\_\_  
Date