

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90033 045 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                               |                                                                                                                                                                             |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L82977</b><br>1. Entity Name<br><b>CHERRY INSURANCE AGENCY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                                               |                                                                                                                                                                             |  |  |
| Principal Place of Business<br><b>1102 N. PARSONS<br/>BRANDON, FL 32510 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                               | Mailing Address<br><b>PO BOX 2486<br/>BRANDON, FL 33509-2486 US</b>                                                                                                         |                                                                                   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                                                                                                             |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            | City & State                                  |                                                                                                                                                                             |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                    | Zip                                           | Country                                                                                                                                                                     | 4. FEI Number<br><b>65-0202577</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                               |                                                                                                                                                                             | <b>\$8.75</b> Additional Fee Required                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHERRY, ERNEST E JR<br/>1102 N. PARSONS<br/>BRANDON, FL 33510</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            |                                               | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                               |                                                                                                                                                                             |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                         |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>CHERRY, ERNEST E JR<br>1102 N. PARSONS<br>BRANDON, FL |                                               | <input type="checkbox"/> Delete                                                                                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                            |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                            |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                            |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                            |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                            |                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |                                                                                   |  |
| 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. |                                                            |                                               |                                                                                                                                                                             |                                                                                   |  |
| <b>SIGNATURE:</b> <i>E. Cherry Jr.</i> - E. Cherry Jr. Pres. 1-19-06 813-6897169                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |                                               |                                                                                                                                                                             |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                               |                                                                                                                                                                             |                                                                                   |  |