

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90006 046 ***150.00

DOCUMENT # L82977	
1. Entity Name CHERRY INSURANCE AGENCY, INC.	



Principal Place of Business 1102 N. PARSONS BRANDON, FL 32510 US	Mailing Address PO BOX 2486 BRANDON, FL 33509-2486 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40000000



01112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0202577	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHERRY, ERNEST E JR 1102 N. PARSONS BRANDON, FL 33510		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, ERNEST E JR 1102 N. PARSONS BRANDON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CHERRY INSURANCE AGENCY		01-78	11611
PH. 689-7169 1102 N. PARSONS AVE. BRANDON, FL 33510		DATE 1-31-07	63-27/631 FL 1064
PAY TO THE ORDER OF <u>DEPARTMENT OF STATE</u>		\$ 150.00	
<u>ONE HUNDRED FIFTY</u> 100 DOLLARS		Bank of America	
ACH R/T 063100277		FOR 65-0202577	
SIGNATURE: <u>E. Cherry Jr.</u>		Date 1-31-07 Daytime Phone 813-6897169	

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: E. Cherry Jr. Date 1-31-07 Daytime Phone 813-6897169