2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L82977

1. Entity Name

CHERRY INSURANCE AGENCY, INC.



Principal Place of Business

1102 N. PARSONS BRANDON, FL 32510

Mailing Address

PO BOX 2486

BRANDON, FL 33509-2486 US

FILED Jan 24, 2008 08:00 A Secretary of State



01172008

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	65-0202577

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERRY, ERNEST E JR 1102 N. PARSONS BRANDON, FL 33510

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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 tamiliar with, and accept the obligations of registered agent.							
SIGNATURE Signature. typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, ERNEST E JR 1102 N. PARSONS BRANDON, FL		•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		١,,,			000000794870 01/28/08-80025-006 150.00		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					» ·		

12. Thereby certify that the information supplied with this filling 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 undercolour 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP