

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Feb 08, 2008 8:00 am  
Secretary of State**

02-08-2008 90029 016 \*\*\*\*70.00

<b>DOCUMENT # N07000009834</b>		
1. Entity Name <b>CHEROKEE SATSUMA CO-OP, INC.</b>		

Principal Place of Business <b>1525 FAIRVIEW ROAD MARIANNA, FL 32444</b>	Mailing Address <b>1525 FAIRVIEW ROAD MARIANNA, FL 32444</b>
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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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>GLASS, MACK J 1525 FAIRVIEW ROAD MARIANNA, FL 32444</b>	Name <i>Ryder Laramore</i> Street Address (P.O. Box-Number is Not Acceptable) <i>1525 FAIRVIEW Rd</i> City <i>MARIANNA</i> FL <i>32444</i> 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 *Ryder Laramore* *Alycia Laramore* *2/5/08*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Make check payable to <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, MACK J	NAME	
STREET ADDRESS	1525 FAIRVIEW ROAD	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL 32444	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARAMORE, RYDER A	NAME	
STREET ADDRESS	4141 LARAMORE ROAD	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL 32448	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, NOLAN	NAME	
STREET ADDRESS	1447 LIPFORD ROAD	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA, FL 32448	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: *Ryder Laramore* *2/5/08 850482-8463*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *2/5/08* Daytime Phone # *850482-8463*