

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000016999

Entity Name: CHERYL KARR, INC.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2104 WEST NEW HAVEN AVE  
WEST MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

2104 WEST NEW HAVEN AVE  
WEST MELBOURNE, FL 32904 US

**New Mailing Address:**

FEI Number: 59-3631750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KARR, CHERYL  
2104 WEST NEW HAVEN AVE  
WEST MELBOURNE, FL 32904 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: DPST  
Name: KARR, CHERYL  
Address: 2104 W. NEW HAVEN AVE  
City-St-Zip: WEST MELBOURNE, FL 32904 US

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: CHERYL KARR

OWNE

02/17/2011

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

\_\_\_\_\_  
Date