

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90123 042 ***150.00

DOCUMENT # P00000042533

1. Entity Name
CHERRY TREE LAWN SERVICE, INC.



Principal Place of Business
**2425 NW 206 ST.
MIAMI, FL 33055**

Mailing Address
**PO BOX 552296
CORAL CITY, FL 33055**

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.
Same

City & State
Same

Zip
Same

Country



04222005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1086852

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEPBURN, MARCUS
2125 N.W. 206TH STREET
MIAMI, FL 33055**

7. Name and Address of New Registered Agent

Name *SHAWNESE, MARCUS HEPBURN*

Street Address (P.O. Box Number is Not Acceptable)
2125 N.W. 206 St

City *Miami* FL Zip Code *33055*

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 *Shawnese, Ma Hepburn* DATE *4/18/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEPBURN, MARCUS 2125 NW 206TH ST MIAMI, FL 33055 <i>Same</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HEPBURN, SHAWNESE PO BOX 55-2296 CAROL CITY, FL 33055 <i>Same</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Shawnese Hepburn* DATE *4/18/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR