## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000055861

Entity Name: CHINABERRY ENTERPRISES, INC.

FILED Jan 08, 2008 Secretary of State

	Principal Place of Business:	New Principal Place of Business:
	V JERSEY RD. ID, FL 33803	
Current N	Mailing Address:	New Mailing Address:
	V JERSEY RD. ID, FL 33803	
FEI Numbe	r: 59-3651807 FEI Number Applied	For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered	Agent: Name and Address of New Registered Agent:
3119 NEV LAKELAN	D, GEORGE T V JERSEY RD. ND, FL 33803 US	
	e named entity submits this stateme te of Florida.	ent for the purpose of changing its registered office or registered agent, or both,
SIGNATU	JRE:	
	Electronic Signature of Regi	stered Agent Date
Election Ca	Electronic Signature of Regi ampaign Financing Trust Fund Contributi	•
	-	•
OFFICER Title: Name: Address:	Ampaign Financing Trust Fund Contribution  RS AND DIRECTORS:  P () Delete  KILBURN, DAVID P  3119 NEW JERSEY RD.	ion ( ).
	Ampaign Financing Trust Fund Contribution  RS AND DIRECTORS:  P () Delete  KILBURN, DAVID P  3119 NEW JERSEY RD.	Title: ( ) Change ( ) Addition Name: Address:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	ampaign Financing Trust Fund Contribution  RS AND DIRECTORS:  P () Delete KILBURN, DAVID P 3119 NEW JERSEY RD. LAKELAND, FL 33803  V () Delete SHUFFLEBARGER, JOHN B LAKE VICTORIA DR LAKELAND, FL 33813  S () Delete KILBURN, L. DENISE 3119 NEW JERSEY RD.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE:	DAVID P. KILBURN	F	01/08/20	008