


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90006 032 \*\*\*150.00

<b>DOCUMENT # P01000019853</b> 1. Entity Name <b>CHERRY'S RESTAURANTS, INC.</b>					
Principal Place of Business <b>1423 COMPTON ST. BRANDON FL 33511 10033 E ADAMO DR TAMPA, FLA 33619</b>			Mailing Address <b>1423 COMPTON ST. BRANDON FL 33511 10033 E ADAMO DR TAMPA, FLA 33619</b>		
2. Principal Place of Business <b>10033 E ADAMO DR</b> Suite, Apt. #, etc.			3. Mailing Address <b>Same</b> Suite, Apt. #, etc.		
City & State <b>TAMPA FLA</b>			City & State <b>Same</b>		
Zip <b>33619</b>		Country <b>USA</b>		4. FEI Number <b>59-3704007</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SCHLARBAUM, DAVID 718 W DR. MLK BLVD TAMPA FL 33603</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SCHLARBAUM, DAVID</b> <b>1423 COMPTON ST.</b> <b>BRANDON FL 33511</b> <b>10033 E ADAMO DR</b> <b>TAMPA FLA 33619</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** *David Schlurbaum* **1-31-05** **813-244-9010**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #