

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90017 033 ***150.00

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1. Entity Name
CHENEY & ASSOCIATES, INC.



Principal Place of Business
465 OAKLAND PARK BLVD.
PORT ORANGE, FL 32127

Mailing Address
465 OAKLAND PARK BLVD.
PORT ORANGE, FL 32127

400000117



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0386004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHENEY, DAVID
465 OAKLAND PARK BLVD.
PORT ORANGE, FL 32127-9536

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
CHENEY, MARY
465 OAKLAND PARK BLVD.
PORT ORANGE, FL 321279536

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CHENEY, DAVID
465 OAKLAND PARK BLVD.
PORT ORANGE, FL 321279536

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/08