

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042144

Entity Name: CHERYL BLANTON, INC.

FILED
Aug 04, 2008
Secretary of State

Current Principal Place of Business:

405 N MAIN STREET
HIGH SPRINGS, FL 32643

New Principal Place of Business:

20 NE 1ST AVENUE
HIGH SPRINGS, FL 32643

Current Mailing Address:

PO BOX 965
HIGH SPRINGS, FL 32655

New Mailing Address:

FEI Number: 01-0671790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANTON, CHERYL
405 N MAIN STREET
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

BLANTON, CHERYL
20 NE 1ST AVENUE
HIGH SPRINGS, FL 32643 US

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:

08/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLANTON, CHERYL
Address: PO BOX 965
City-St-Zip: HIGH SPRINGS, FL 32643

Title: SEC () Delete
Name: BLANTON, JUSTIN B
Address: P. O. BOX 965
City-St-Zip: HIGH SPRINGS, FL 32655 09

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHERYL BLANTON

PD

08/04/2008

Electronic Signature of Signing Officer or Director

Date