2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042144

FILED Sep 18, 2009 Secretary of State

| Entity Nar | ne: CHERYL | BLANTON, INC. | | | |
|---|--|--------------------------------|---|--|--|
| Current P | rincipal Place | of Business: | New Principal Place | New Principal Place of Business: | |
| 20 NE 1ST AVENUE HIGH SPRINGS, FL 32643 | | | 23407 NW CR 239 ALACHUA, FL 32615 | | |
| Current M | ailing Addres | ss: | New Mailing Address | New Mailing Address: | |
| PO BOX 90 HIGH SPR | 65 INGS, FL 326 | 55 | | | |
| FEI Number: | 01-0671790 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | Current Registered Agent: | Name and Address o | f New Registered Agent: | |
| BLANTON 20 NE 1ST HIGH SPR | | 43 US | BLANTON, CHERYL 23407 NW CR 239 ALACHUA, FL 32615 | US | |
| The above in the State | named entity : e of Florida. | submits this statement for the | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | 09/18/2009 | |
| | Electror | nic Signature of Registered Ac | gent | Date | |
| Election Car | npaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (BLANTON, CHE PO BOX 965 HIGH SPRINGS | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SEC (BLANTON, JUS P. O. BOX 965 HIGH SPRINGS | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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 09/18/2009