

2005 FOR-PROFIT CORPORATION ANNUAL REPORT


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Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90033 021 ***150.00

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000037176					
1. Entity Name CHERRY CREATIONS INC					
Principal Place of Business 123 US HWY 441/27 LADY LAKE, FL 32159-4379			Mailing Address 123 US HWY 441/27 LADY LAKE, FL 32159-4379		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2421651	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHERRY, ROGER L 15099 SOUTH EAST 180TH STREET WEIRSDALE, FL 32195				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHERRY, ROSARIO C		NAME		
STREET ADDRESS	15099 SE 180TH STREET		STREET ADDRESS		
CITY-ST-ZIP	WEIRSDALE, FL 32195		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHERRY, ROGER L		NAME		
STREET ADDRESS	15099 SE 180TH ST		STREET ADDRESS		
CITY-ST-ZIP	WEIRSDALE, FL 32195		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, CAROLYN J		NAME		
STREET ADDRESS	887 124TH LANE		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55433		CITY-ST-ZIP		
TITLE	VPO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WESTCOTT, SHIRLEY		NAME		
STREET ADDRESS	706 VILLITA LANE		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, LOROA		NAME	Martin, Lorna	
STREET ADDRESS	1011 OLETHA COURT		STREET ADDRESS	1011 Oletha Court	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	Apopka, FL. 32703	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Roger L Cherry</i>			Date: Jan 25, 2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		