

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90015 029 ***150.00

DOCUMENT # P03000136964

1. Entity Name

CHERIE MILLER CLEANING, INC.



Principal Place of Business

11282 SALINA ST
BROOKSVILLE, FL 34614

Mailing Address

11282 SALINA ST
BROOKSVILLE, FL 34614

30001444



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number

41-2115975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MILLER, CHERIE
11282 SALINA ST
BROOKSVILLE, FL 34614

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MILLER, CHERIE
STREET ADDRESS 11282 SALINA ST
CITY-ST-ZIP BROOKSVILLE, FL 34614

TITLE D
NAME HUCHINGSON, CHRISTOPHER
STREET ADDRESS 11282 SALINA ST
CITY-ST-ZIP BROOKSVILLE, FL 34614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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 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:

Cherie Miller Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERIE MILLER, PRES.

Date

1-11-05 352-279-3617

Daytime Phone #