2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State
08-14-2006 90040 032 ***158.75

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1. Entity Name
CHERRY COURT INC.

Principal Place of Business	Mailing Address
7025 LAND O LAKES BLVD. LAND O LAKES, FL 34639	7025 LAND O LAKES BLVD. LAND O LAKES, FL 34639

08022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
7025 Land O Lakes Blvd	7025 Land O Lakes Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Land O Lakes, Fl.	City & State: Land O Lakes, Fl.
Zip: 34638 Country: USA	Zip: 34638 Country: USA

4. FEI Number: 20-2385512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, GENEVIEVE C
7025 LAND O LAKES BLVD.
LAND O LAKES, FL 34639

7. Name and Address of New Registered Agent

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS CHERRY, JAMES J 7025 LAND O LAKES BLVD. LAND O LAKES, FL 34639	☒ Delete	PVT Genevieve C. Moss 7025 Land O Lakes Blvd. Land O Lakes, Fl. 34638	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT MOSS, GENEVIEVE C 7025 LAND O LAKES BLVD. LAND O LAKES, FL 34639	☒ Delete	S James J. Cherry 7025 Land O Lakes Blvd Land O Lakes, Fl 34638	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Genevieve C. Moss 8-10-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #