


2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/5/2006-90025-022-\$150.00-\$150.00

DOCUMENT # P05000099972

1. Entity Name
THOMAS CHERRY, INC.



FILED
06 NOV 13 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6502 SPRING HILL DR.
SPRING HILL, FL 34606

Mailing Address
6502 SPRING HILL DR.
SPRING HILL, FL 34606



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

08282006 Chg-P CR2E034 (11/05) 06

4. FEI Number
20-3403739

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CHERRY, THOMAS
6502 SPRING HILL DR.
SPRING HILL, FL 34606

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 reappointing)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHERRY, THOMAS 6502 SPRING HILL DR. SPRING HILL, FL 34606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, JOSHUA 7121 INGLESIDE DR. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Sec/Treas. Cherry, Thomas 6502 SPRING HILL DR. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.

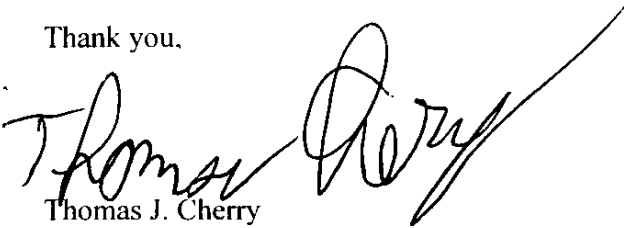
SIGNATURE: Thomas Cherry Date: 8/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF CROSSING OFFICER OR DIRECTOR

November 7, 2006

To Whom It May Concern:

I, Thomas J Cherry, President of Thomas Cherry Inc. was unable to respond to this letter by the deadline, because it was placed in the wrong mail box and was not delivered to me until November 2, 2006. Please wave the late fee, as I have dealt with the issue as soon as possible. Any questions please call me at 352-398-6793

Thank you.



Thomas J. Cherry
President of Thomas Cherry Inc.