

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12436

FILED
Jan 05, 2004
Secretary of State

Entity Name: CHERRY INSURANCE SERVICES, INC.

Current Principal Place of Business:

914 W. MAIN
P.O. BOX 3038
CARBONDALE, IL 62902

New Principal Place of Business:

Current Mailing Address:

914 W. MAIN
P.O. BOX 3038
CARBONDALE, IL 62902 US

New Mailing Address:

FEI Number: 37-0793321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GORMAN, DAVID L.
BAY POINTE BUILDING
618 U.S. HIGHWAY 1
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, MARY LOU,
Address: 33 PINEWOOD
City-St-Zip: CARBONDALE, IL 62901

Title: D () Delete
Name: BROWN, PETER B
Address: 33 PINEWOOD DRIVE
City-St-Zip: CARBONDALE, IL 62901

Title: CS () Delete
Name: FRANKLIN, JANE
Address: 26615 ILLINOIS AVENUE
City-St-Zip: CARBONDALE, IL 62901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY LOU BROWN

PD

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date