## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000036017

1024 SW 76 TERR

GAINESVILLE, FL 32607

Address:

City-St-Zip:

Entity Name: CHEERI FADING TECHNIQUE CAMPS INC

FILED Jan 05, 2004 Secretary of State

y		ABIIVO TECHNIQUE OANNI	0 II <b>1</b> 0.			
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
4581 NW 6	6TH ST					
GAINESVI	LLE, FL 32609	US				
Current M	lailing Address	<b>s:</b>	New Mailin	g Address:		
P.O. BOX GAINESVI	15267 LLE, FL 32602	US				
FEI Number	: 59-3243877	FEI Number Applied For()	FEI Number Not Appli	cable ( ) Certifica	te of Status Desired ( )	
Name and	Address of C	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
THORP, J 3402 NW GAINESVI						
	named entity so e of Florida.	ubmits this statement for the	purpose of changing it	s registered office or re	egistered agent, or both,	
SIGNATUI	RE:					
	Electroni	c Signature of Registered Ag	ent		Date Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () I THORP, JIM 710 SW 117 ST GAINESVILLE, F	Delete L 32607	Title: Name: Address: City-St-Zip:	()Change(	) Addition	
Title: Name: Address: City-St-Zip:	STD () LEWIS, RHETT 181 FLORADANI HAWTHORNE, F		Title: Name: Address: City-St-Zip:	()Change(	) Addition	
Title: Name:	VPD () I BAGBY, DARRE	Delete LL	Title: Name:	VPD (X) Change (BAGBY, DARRELL	) Addition	

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.

Address:

City-St-Zip:

13065 NW 93RD LN

ALACHUA, FL 32615

SIGNATURE: RHETT LEWIS VP 01/05/2004