2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2004 08:00 AM Secretary of State

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DOCUMENT # P95000083718 1. Entity Name CHEROKEE PARKING BUMPERS, INC.				Secretary of Stat			
Principal Place 4800 PATCH ORLANDO, FI	ROAD	Mailing Address P.O. BOX 721236 ORLANDO, FL 32872					
D	O NOT WRITE	CE	02242004 4. FEI Numb 59-334		CR2E034 (10		
6. Name and Address of Current Registered Agent HERNDON, WILLIAM K 8709 HARBORVIEW DRIVE ORLANDO, FL 32817				IN '	NOT W THIS SF	PACE	
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 accellate obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and life it applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees							r with, and accept
Atter Ma	ay 1, 2004 Fee will be \$550.00	react and continuous.					
10. TITLE NAME STREET ADDRESS GITY-ST-ZIP	OFFICERS AND DI D HERNDON, WILLIAM K 8709 HARBOR VIEW DR ORLANDO, FL 32817	RECTORS			U00000 03/08/04-	079793 80083-001	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN	THIS SF	PACE	
NAME STREET ADDRESS CITY-ST-ZIP							

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 cliractor 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2-27-04

Daytime Phone #

Date