

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000090255

1. Entity Name
CHERYL GOWDY INTERNATIONAL, INC.



Principal Place of Business
**529 SOUTH FLAGLER DR.
STE #27 E
WEST PALM BEACH, FL 33401 US**

Mailing Address
**529 SOUTH FLAGLER DR.
STE #27 E
WEST PALM BEACH, FL 33401 US**



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0627744

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GOWDY, CHERYL A
529 SOUTH FLAGLER DR.
STE#27E
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

Cheryl A. Gowdy
Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Feb 8 2006
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000458094
03/17/06-80030-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PSD
GOWDY, CHERYL A
529 SOUTH FLAGLER DR APT 27-E
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPD
GOWDY, CURT
343 EL BRAVO WAY
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPD
GOWDY, JERRE
343 EL BRAVO WAY
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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:

Cheryl A. Gowdy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8 2006
Date

Daytime Phone #