2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000000410

1. Entity Name

M/V MISS CHER ENTERPRISES OF FLORIDA, INC.

OF FLORIDA, INC.

FILED Feb 21, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

17105-A6 SAN CARLOS BOULEVARD FORT MYERS BEACH, FL 33931 17105-A6 SAN CARLOS BOULEVARD FORT MYERS BEACH, FL 33931



02172004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0635394 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORMAN, CHERYL B 17105-A6 SAN CARLOS BOULEVARD FORT MYERS BEACH, FL 33931

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	f office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution,	ing 🗆	\$5.00 May Be Added to Fees	U00000060556 02/23/04-80044-013 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GORMAN, CHERYL B 17105-A6 SAN CARLOS BOULEVARE FORT MYERS BEACH, FL 33931)			
TITLE NAME STREET ADDRESS GITY-ST-ZIP		· .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE 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 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.					