


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000000410
 1. Entity Name
 M/V MISS CHER ENTERPRISES OF FLORIDA, INC.



Principal Place of Business: 17105-A6 SAN CARLOS BOULEVARD FORT MYERS BEACH, FL 33931
 Mailing Address: 17105-A6 SAN CARLOS BOULEVARD FORT MYERS BEACH, FL 33931

DO NOT WRITE IN THIS SPACE



02092005 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

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GORMAN, CHERYL B
STREET ADDRESS	17105-A6 SAN CARLOS BOULEVARD
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 B Gorman* CHERYL B GORMAN 2/23/05 239 9400621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #