


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90186 021 ***150.00

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



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
17264 San Carlos Blvd **17264 San Carlos Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 302 **Suite 302**

1st MOORE CR2E034 (10/06)

City & State City & State
Fort Myers Beach FL **Fort Myers Beach FL**
 Zip Country Zip Country
33931 **Lee** **33931** **Lee**

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

7. Name and Address of New Registered Agent
 Name **Gorman, Kenneth B.**
 Street Address (P.O. Box Number is Not Acceptable)
17264 San Carlos Blvd Suit 302
 City **Ft. Myers Beach** FL Zip Code **33931**

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 **Kenneth B. Gorman** DATE **3-27-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	GORMAN, CHERYL B	
STREET ADDRESS	17105-A6 SAN CARLOS BOULEVARD	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	Gorman, Kenneth B.	
STREET ADDRESS	17264 San Carlos Blvd. Suit 302	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gorman, Kenneth B.	
STREET ADDRESS	17264 San Carlos Blvd suit 302	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Kenneth B. Gorman** DATE **3-27-07** (239)940-0621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #