## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

## Apr 13, 2007 8:00 am Secretary of State DOCUMENT # P96000000410 1. Entity Name 04-13-2007 90186 021 \*\*\*150 00 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 Sun Carles BIUDITAG4 San Canlos 17264 Suite, Apt. #, etc Suite 1st MOORE CR2E034 (10/06) 302 City & State 4. FEI Number Applied For 65-0635394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORMAN, CHERYL B 17105-A6 SAN CARLOS BOULEVARD Street Address (P.O. Box Number is Not Acceptable) FORT MYERS BEACH FL 33931 Zip Code 33931 74000 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** STD Addition Change THE Delete THE Gorman, Kenners GORMAN, CHERYL B NAME NAME 17264 Son Cantas 17105-A6 SAN CARLOS BOULEVARD STREET ADDRESS STREET ADDRESS FORT MYERS BEACH FL 33931 CHY-ST-ZIP CITY-ST-ZIP HYERS BEACH TITLE ☐ Delete MILE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY SI-ZIP 334 Change Addition MILE Delete NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition THIE Delete HHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY ST-ZIP TITLE Delete 11111 ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Addition TITLE ☐ Delete IIIIC Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - Z1P 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.

SIGNING OFFICER OF DIRECTO

FILED