

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075731

Entity Name: CHEROKEE CREEK, INC.

FILED  
Mar 25, 2009  
Secretary of State

## Current Principal Place of Business:

17503 HOWLING WOLF RUN  
PARRISH, FL 34219

## New Principal Place of Business:

8338 US HWY 301N  
PARRISH, FL 34219

## Current Mailing Address:

P.O. BOX 223  
PARRISH, FL 34219

## New Mailing Address:

FEI Number: 65-0780159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLS, LESLIE B.  
17503 HOWLING WOLF RUN  
PARRISH, FL 34219 US

## Name and Address of New Registered Agent:

WELLS, LESLIE B.  
8338 US HWY 301N  
PARRISH, FL 34219 US

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.

SIGNATURE: LESLIE B WELLS

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WELLS, LESLIE B  
Address: 11001-25 STREET EAST  
City-St-Zip: PARRISH, FL 34219

Title: D ( ) Delete  
Name: CHRISTIE, KATHERINE E  
Address: 6604 RIVERVIEW BLVD.  
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete  
Name: MERUCCI, LOU  
Address: PO BOX 14283  
City-St-Zip: BRADENTON, FL

Title: D ( ) Delete  
Name: GIGLIOTTI, JOE  
Address: PO BOX 14792  
City-St-Zip: BRADENTON, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WELLS, LESLIE B  
Address: 8338 US HWY 301N  
City-St-Zip: PARRISH, FL 34219

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE B WELLS

MGR

03/25/2009

Electronic Signature of Signing Officer or Director

Date