

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000091064

1. Entity Name

CHEROKEE CATTLE COMPANY



Principal Place of Business

208 WEST ALAMO DR
LAKELAND FL 33813

Mailing Address

PO BOX 5400
LAKELAND FL 33807



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FCI Number

59-3474558

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARPER, ROBERT F III
1420 S FLORIDA AVE
LAKELAND FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HARPER, PAUL SEAN
STREET ADDRESS 1420 S FLORIDA AVE
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000468205
03/24/06-80022-008 150.00

TITLE D ☐ Delete
NAME HARPER, AMY
STREET ADDRESS 1420 S FLORIDA AVE
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DPS ☐ Delete
NAME HARPER, ROBERT F III
STREET ADDRESS 1420 S FLORIDA AVE
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

3/2/06

863 647-5554