

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P97000091064

1. Entity Name

CHEROKEE CATTLE COMPANY



Principal Place of Business

**1420 SOUTH FLORIDA AVE
LAKELAND FL 33803-2257**

Mailing Address

**PO BOX 5400
LAKELAND FL 33807**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3474558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

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 the filer (if applicable)

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
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 ☐ Delete
NAME **D HARPER, PAUL SEAN**
STREET ADDRESS **1420 S FLORIDA AVE**
CITY- ST- ZIP **LAKELAND FL 33803**

☐ Change ☐ Addition
000000887513
04/21/08-80023-010 150.00

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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 all other filers' signatures.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 2008

863 647-5554

Date

Display Phone #