

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000050536

FILED
Apr 01, 2009
Secretary of State

Entity Name: CHEROKEE SPRING WATER, INC.

Current Principal Place of Business:

3488 SPRING HOLLOW DR.
MARIANNA, FL 32446

New Principal Place of Business:

3488 SPRING HOLLOW DR.
MARIANNA, FL 32448

Current Mailing Address:

3488 SPRING HOLLOW DR.
MARIANNA, FL 32448

New Mailing Address:

FEI Number: 59-3531267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBE, ARNOLD R
3488 SPRING HOLLOW DR.
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

LAMBE, ARNOLD R
3488 SPRING HOLLOW DR.
MARIANNA, FL 32448 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: ARNOLD R. LAMBE

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAMBE, ARNOLD R
Address: 3488 SPRING HOLLOW DR.
City-St-Zip: MARIANNA, FL 32446

Title: VD () Delete
Name: LAMBE, LOLA P
Address: 3488 SPRING HOLLOW DR.
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LAMBE, ARNOLD R
Address: 3488 SPRING HOLLOW DR.
City-St-Zip: MARIANNA, FL 32448

Title: VD (X) Change () Addition
Name: LAMBE, LOLA P
Address: 3488 SPRING HOLLOW DR.
City-St-Zip: MARIANNA, FL 32448

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: LOLA P. LAMBE

VD

04/01/2009

Electronic Signature of Signing Officer or Director

Date