# 2008 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P99000035526**

**1.** Entity Name
CHERRY'S NURSERY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2020 S. DEAN RD. | 2020 S. DEAN RD. |
| ORLANDO, FL 32825 | ORLANDO, FL 32825 |

## DO NOT WRITE IN THIS SPACE

03072008      No Chg-P      CR2E034 (11/05)

| **4.** FEI Number | Applied For |
|---|---|
| 59-3571689 | Not Applicable |

**5.** Certificate of Status Desired ☐  **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CHERRY, CARTER
2020 S. DEAN RD.
ORLANDO, FL  32825

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**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 reinstating)          DATE

| **FILE NOW!!! FEE IS $150.00** | **9.** Election Campaign Financing | **$5.00** May Be |
| **After May 1, 2008 Fee will be $550.00** | Trust Fund Contribution. ☐ | Added to Fees |

**10.** OFFICERS AND DIRECTORS

| TITLE | DPST |
|---|---|
| NAME | CHERRY, CARTER |
| STREET ADDRESS | 2020 S. DEAN RD. |
| CITY-ST-ZIP | ORLANDO, FL  32825 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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03/26/08-80049-011  150.00

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:          3-7-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          Date          Daytime Phone #