

DOCUMENT # S62101

1. Entity Name

CHEERS IV CORP.



Principal Place of Business
308 BAYSHORE DR
CAPE CORAL FL 33904
US

Mailing Address
308 BAYSHORE DR
CAPE CORAL FL 33904
US

FILED
Feb 02, 2007 08:00 AM
Secretary of State



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0277258

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, DEBBIE B.
308 BAYSHORE DRIVE
CAPE CORAL FL 33904

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME FRAZIER, DEBBIE B. ☐ Delete
STREET ADDRESS 308 BAYSHORE DR.
CITY-STATE-ZIP CAPE CORAL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000619302
CITY-STATE-ZIP 02/08/07-80065-017 158.75

TITLE VT
NAME FRAZIER, BENNIE W. ☐ Delete
STREET ADDRESS 308 BAYSHORE DR.
CITY-STATE-ZIP CAPE CORAL FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Bennie W Frazier 2/1/07 239 9454824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Daytime Phone #