ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT #V62977

1. Entity Name
CHEROKEE FABRICATION, INC.

Principal Place of Business	Mailing Address
3621 N.E. 36 AVE. OCALA, FL 34479 US	3621 N.E. 36 AVE. OCALA, FL 34479 US

04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3140821
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAGER, JAMES R.
3621 N.E. 36TH AVE.
OCALA, FL 34475

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000315846
04/19/05-80050-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAGER, JAMES R.
STREET ADDRESS	1229 SE 11TH ST
CITY-ST-ZIP	OCALA, FL
TITLE	VP
NAME	AYLESWORTH, JAMES
STREET ADDRESS	4514 SE 13TH ST
CITY-ST-ZIP	OCALA, FL
TITLE	P
NAME	MAGER, JAMES R
STREET ADDRESS	1229 SE 11TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VP
NAME	AYLESWORTH, JAMES L
STREET ADDRESS	4514 SE 13TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James Mager James MAGER 4-18-05 (352)867-1009
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #