

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000063106

**Entity Name:** CHEROKEE AVIATION, INC.

**Current Principal Place of Business:**

4475 US HWY 1 S  
603  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

4475 US HWY 1 S  
603  
SAINT AUGUSTINE, FL 32086

**FEI Number:** 32-0350142

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

STRAITRAY CORPORATION  
4475 US HWY 1 S  
603  
SAINT AUGUSTINE, FL 32086 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SAWYER, FARON  
Address 931 VILLAGE BLVD, SUITE 905-309  
City-State-Zip: WEST PALM BEACH FL 33409

Title VP  
Name SAWYER, ANDREW P  
Address 931 VILLAGE BLVD SUITE 905-309  
City-State-Zip: WEST PALM BEACH FL 33409

Title T  
Name SAWYER, CLAUDE  
Address 931 VILLAGE BLVD SUITE 905-309  
City-State-Zip: WEST PALM BEACH FL 33409

*I hereby 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 all other like empowered.*

**SIGNATURE:** FARON SAWYER

**OFFICER**

**03/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date