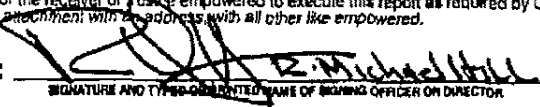


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001311 1. Entity Name CEDAR GROVE MOUNTED POLICE POSSE, INC.			
Principal Place of Business 10202 DAVENPORT AVE YOUNGSTOWN, FL 32456		Mailing Address 1415 BAKER CT PANAMA CITY, FL 32401	
DO NOT WRITE IN THIS SPACE			
4. FEI Number 59-3639123		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, R. MICHAEL 1415 BAKER COURT PANAMA CITY, FL 32401		DO NOT WRITE IN THIS SPACE	
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 renewing)		DATE 05/09/06-80024-010 61.25	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUQUA, EDWARD G 10202 DAVENPORT AVENUE YOUNGSTOWN, FL 32456		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUQUA, RUTH 10202 DAVENPORT AVENUE YOUNGSTOWN, FL 32456		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LODICO, KAREN 10192 DAVENPORT AVE. PANAMA CITY, FL 32456		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, R. MICHAEL 1415 BAKER CT PANAMA CITY, FL 32401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAHIER, CHARLES 608 GLORY ROAD PANAMA CITY, FL 32404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POY, JU 1210 WYOMING AVE. PANAMA CITY, FL 32444		
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 617, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/21/2004 Daytime Phone #: 872-4128	