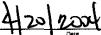
## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # N0000001316** 04-26-2004 90517 012 \*\*\*\*61.25 CEDAR GROVE DEVELOPMENT AND IMPROVEMENT CORPORATION Principal Place of Business Mailing Address 34U4061n 1415 BAKER CT. 1415 BAKER CT. PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 CR2E037 (10/03) 04212004 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3639127 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILL, R. MICHAEL DO NOT WRITE 1415 BAKER COURT PANAMA CITY, FL 32401 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61,25 \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE PD NAME HILL, R. MICHAEL STREET ADDRESS 1415 BAKER CT. CITY-ST-ZIP PANAMA CITY, FL 32401 NAME FERRICK, JOHN R STREET ADDRESS 506 DAVID AVE. CITY-ST-ZIP PANAMA CITY, FL 32404 TITLE NAME **FUQUA, RUTH** STREET ADDRESS 10202 DAVENPORT AVE. DO NOT WRITE CITY+SI-7IP PANAMA CITY, FL 32405 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

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 accurate, with all other like empowered.

SIGNATURE:

TITLE NAME STRFFT ADDRESS CITY-ST-ZIP



FILED