2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# 366507

Entity Name: CEDAR ACRES INC

Current Principal Place of Business:

2918 W. SAN JOSE ST.
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13726
TAMPA, FL 33681 US

New Mailing Address:

FEI Number: 59-1361984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MALDONADO, DARCIE L
2918 W. SAN JOSE ST.
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIMONS, JEROME A
Address: 3864 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD ( ) Delete
Name: SIMONS, DAVID J
Address: 3864 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD ( ) Delete
Name: MALDONADO, DARCIE L
Address: 2918 W. SAN JOSE ST.
City-St-Zip: TAMPA, FL 33629

Title: ASTD ( ) Delete
Name: SIMONS, BARBARA
Address: 1551 GRACE LAKE CIR
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ASTD (X) Change ( ) Addition
Name: SIMONS, BARBARA
Address: 854 CARDINAL POINTE COVE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARCIE L MALDONADO STD 03/14/2008

Electronic Signature of Signing Officer or Director Date