2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2006
Secretary of State

DOCUMENT# 660777

Entity Name: CEDAR HAVEN, INC.

Current Principal Place of Business:

9723 ALLEN ROAD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

9723 ALLEN ROAD
LITHIA, FL 33547

New Mailing Address:

FEI Number: 59-2002095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUGG, JOHN VANCE
302 W CHARLIE WIGGINS RD.
PLANT CITY, FL 33566 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JOHN VANCE BUGG.,	
Address:	302 W. CHARLIE WIGGINS RD.	
City-St-Zip:	PLANT CITY,, FL 33566	
Title:	SD	( ) Delete
Name:	BUGG, BETTIE H.,	
Address:	9723 ALLEN RD.	
City-St-Zip:	LITHIA, FL 33547	
Title:	D	( ) Delete
Name:	DEBORAH E. KIESER,	
Address:	18304 BETHLEHEM RD.	
City-St-Zip:	LITHIA,, FL 33547	
Title:	D	( ) Delete
Name:	CELIA BUGG HILL,	
Address:	677 ASTARIAS	
City-St-Zip:	FT.MYERS,, FL 33919	
Title:	D	( ) Delete
Name:	WILLIAM E. BUGG JR.,	
Address:	514 KIM DRIVE	
City-St-Zip:	FT COLLINS,, CO 80525	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BETTIE H. BUGG SD 07/01/2006

Electronic Signature of Signing Officer or Director Date