## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 660777**

Name:

Address: City-St-Zip: WILLIAM E. BUGG JR.,

FT COLLINS,, CO 80525

514 KIM DRIVE

Entity Name: CEDAR HAVEN, INC.

FILED Feb 13, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9723 ALLEN ROAD LITHIA, FL 33547 **Current Mailing Address: New Mailing Address:** 9723 ALLEN ROAD LITHIA, FL 33547 FEI Number: 59-2002095 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUGG, JOHN VANCE 302 W CHARLIE WIGGINS RD. PLANT CITY, FL 33566 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition JOHN VANCE BUGG., Name: Name: 302 W. CHARLIE WIGGINS RD. Address: Address: City-St-Zip: PLANT CITY,, FL 33566 City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: BUGG, BETTIE H., Name: 9723 ALLEN RD. Address: Address: LITHIA, FL 33547 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DEBORAH E. KIESER, Name: Name: 18304 BETHLEHEM RD. Address: Address: City-St-Zip: LITHIA,, FL 33547 City-St-Zip: Title: ( ) Delete Title: () Change () Addition CELIA BUGG HILL, Name: Name: Address: 677 ASTARIAS Address: City-St-Zip: FT.MYERS,, FL 33919 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BETTIE H. BUGG SD 02/13/2007