

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000149

Entity Name: CEDAR COVE, INC.

FILED  
Mar 22, 2005  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 504  
MANCHESTER, GA 31816

## New Principal Place of Business:

3448 N CITRUS AVE  
BOX #4  
CRYSTAL RIVER, FL 34438

## Current Mailing Address:

P.O. BOX 504  
MANCHESTER, GA 31816

## New Mailing Address:

FEI Number: 58-2363955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DP ( ) Delete  
Name: BISHOP, ROBERT S  
Address: 292 MELVIN HARRIS RD.  
City-St-Zip: MANCHESTER, GA 31816

Title: DST ( ) Delete  
Name: BISHOP, DONNA A  
Address: 292 MELVIN HARRIS RD.  
City-St-Zip: MANCHESTER, GA 31816

Title: DVP ( ) Delete  
Name: BISHOP, LARRY L  
Address: 1067 LL REVELL RD  
City-St-Zip: MANCHESTER, GA 31816

Title: DVP ( ) Delete  
Name: SWETNAM, ASA LEE  
Address: 16848 WHITE OAK RIDGE RD  
City-St-Zip: PEA RIDGE, AR 82851

Title: DVP ( ) Delete  
Name: BISHOP, VIVIAN C  
Address: 1067 LL REVELL RD.  
City-St-Zip: MANCHESTER, GA 31816

## 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 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 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: DONNA A BISHOP

DST

03/22/2005

Electronic Signature of Signing Officer or Director

Date