2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
Secretary of State

DOCUMENT# F98000000149

Entity Name: CEDAR COVE, INC.

Current Principal Place of Business:

3448 N CITRUS AVE
BOX #4
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

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	(X) 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:	ST	(X) Change ( ) Addition
Name:	BISHOP, DONNA A	
Address:	292 MELVIN HARRIS RD.	
City-St-Zip:	MANCHESTER, GA 31816	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	CASEY, BOBBY V	
Address:	563 N. INDIGO TERRACE	
City-St-Zip:	HERNANDO, FL 34442 US	
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: DONNA A. BISHOP ST 03/20/2007

Electronic Signature of Signing Officer or Director — Date