


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 14, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # G91569**  
1. Entity Name  
CEDAR HILL RANCH, INC.



Principal Place of Business: 5553 SE 160TH AVE, MORRISTON, FL 32668 US  
Mailing Address: 5553 SE 160TH AVE, RT. 2, BOX 1494, MORRISTON, FL 32668 US

**DO NOT WRITE IN THIS SPACE**



02062004 No Chg-P CR2E034 (10/03)  
4. FEI Number: 59-2426356 Applied For / Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BELLAMY, KATHLEEN C  
5553 SE 160TH AVE  
RT. 2, BOX 1494  
MORRISTON, FL 32668

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
U00000051494  
02/15/04-80054-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BELLAMY, KATHLEEN
STREET ADDRESS	5553 SE 160TH AVE
CITY - ST - ZIP	MORRISTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen C Bellamy Pres.* 2-11-04 352-528-2272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #