


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # H18256</b> 1. Entity Name <b>CEDAR CREST FARMS, INC.</b>	
--	---

Principal Place of Business <b>% C. SIDNEY JONES, JR. 20805 N.E. 6TH ST. GAINESVILLE, FL 32609 US</b>	Mailing Address <b>% C. SIDNEY JONES, JR. 20805 N.E. 6TH ST. GAINESVILLE, FL 32609 US</b>
--	--



01222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2442174</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

<b>JONES, C. SIDNEY JR. 20805 N.E. 6TH ST. GAINESVILLE, FL 32609</b>
--

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD JONES, C. SIDNEY, JR 20805 N.E. 6TH ST. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD JONES, DORIS J. 7805 NW 28TH PL., M210 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD JONES, CLAUDE S. 7805 NW 28TH PL., M210 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DAS JONES, RITA B. 20805 N.E. 6TH ST. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000453270  
03/14/06-80013-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **C. Sidney Jones, Jr.** 3/1/06 352-485-2485  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #