2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H18256

Entity Name: CEDAR CREST FARMS, INC.

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of	Business:	
% C. SIDNEY JONES, JR. 20805 N.E. 6TH ST. GAINESVILLE, FL 32609	US			
Current Mailing Address:		New Mailing Address:		
% C. SIDNEY JONES, JR. 20805 N.E. 6TH ST. GAINESVILLE, FL 32609	US			
FEI Number: 59-2442174	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of I	Name and Address of New Registered Agent:	
JONES, C. SIDNEY JR. 20805 N.E. 6TH ST. GAINESVILLE, FL 32609	US			
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:

GAINESVILLE, FL 32609

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition JONES, C. SIDNEY, JR JONES, C. SIDNEY JR. Name: Name: 20805 N.E. 6TH ST. Address: 20805 N.E. 6TH ST. Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: GAINESVILLE, FL 32609 Title: **VPD** () Delete Title: () Change () Addition JONES, DORIS J Name: Name: Address: 7805 NW 28TH PL, M205 Address: GAINESVILLE, FL 32606 City-St-Zip: City-St-Zip: Title: Title: STD () Delete STD (X) Change () Addition Name: JONES, CLAUDE S. Name: JONES, RITA B 7805 NW 28TH PL., M210 Address: 20805 N.E. 6TH ST. Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32609 Title: STD (X) Delete Title: () Change () Addition JONES, RITA B. Name: Name: Address: 20805 N.E. 6TH ST. Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: C. SIDNEY JONES, JR. PD 03/30/2009