

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90115 002 \*\*\*150.00

**DOCUMENT # H54953**

1. Entity Name  
**CEDAR CREEK RESIDENTS, INC.**



Principal Place of Business Mailing Address  
**605 MICHIGAN BLVD. DUNEDIN FL 34698**



2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number **59-2530209** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**DAMONTE, JONATHAN JAMES**  
**12110 SEMINOLE BLVD.**  
**SEMINOLE FL 33743**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, JOHN	
STREET ADDRESS	605 MICHIGAN BLVD LOT #119	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RHOADS, ROBERT	
STREET ADDRESS	605 MICHIGAN BLVD, #110	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKSEY, OLLIE	
STREET ADDRESS	605 MICHIGAN BLVD LOT 21	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELONG, DALE F	
STREET ADDRESS	605 MICHIGAN BLVD. LOT 118	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	KARBACH, LOLA	
STREET ADDRESS	605 MICHIGAN BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	V	<input type="checkbox"/> Delete
NAME	MESLEY, PAUL	
STREET ADDRESS	605 MICHIGAN BLVD LOT 82	
CITY-ST-ZIP	DUNEDIN FL 34698	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seay Bill Haggard	
STREET ADDRESS	605 Michigan Blvd # 121	
CITY-ST-ZIP	Dunedin FL 34698	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rina Buccafusca	
STREET ADDRESS	605 Michigan Blvd # 79	
CITY-ST-ZIP	Dunedin FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dale F. DeLong* Treasurer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06 727-733-1398  
 Date Daytime Phone #