## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jan 30, 2004 08:00 AM DOCUMENT # J19992 **Secretary of State** 1. Entity Name CEDARS DEVELOPMENT OF ST. AUGUSTINE BEACH, INC. Mailing Address Principal Place of Business 2752 W HANNON HILL DR 2752 W HANNON HILL DR TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32309 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01262004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 59-2879564 Not Applicable Country \$8.75 Additional Zin Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LESTER, JOHN A. Street Address (P.O. Box Number is Not Acceptable) 2752 W. HANNON HILL DR TALLAHASSEE, FL 32309 Zip Code City FL 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, typed or protect name of registered agent and the 4 applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition PDST THTLE $\pi n r$ ☐ Delete LESTER, JOHN A. NAME MARKE 02/02/04-80002-019 150.00 STREET ADDRESS 2752 W HANNON HILL DR STREET ADDRESS CRY-ST-ZP TALLAHASSEE, FL 32308 CHY-ST-ZIP D Delete 1333 F ☐ Change Addition TITLE NAME LESTER, JAMES H MARKE STREET ADDRESS 1411 E. CAMINO DEL RIO STREET ADDRESS C01Y-ST-7/2 CAY-ST-ZIP VERO BEACH, FL 32962 Change Addition Delete BBE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-78P Change ☐ Addition Delete 31TLE HILE NAME STABLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Addition ☐ Change ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CEY-ST-ZP CITY-ST-ZIP Change Addition ☐ Defete 331 E TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

NAME

SURFET ADDRESS CHY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CRY-ST-ZP

50 •894 •2//