


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90236 043 \*\*\*158.75

<b>DOCUMENT # M66421</b>					
1. Entity Name <b>THE CEDARS OF OKLAWAHA, INC.</b>					
Principal Place of Business 12351 SE 135TH CT. OKLAWAHA, FL 32183 US			Mailing Address P.O. BOX 339 OKLAWAHA, FL 32183 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>59-2866572</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04072004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CAFFALL, MARTHA E.</b> 12342 SE 135TH COURT OKLAWAHA, FL 32179			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	Ass't VP/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CAFFALL, CRAIG A	NAME	LAURA E. THROOP		
STREET ADDRESS	12342 SE 135TH CT.	STREET ADDRESS	7075 SE 110th Street Rd		
CITY-ST-ZIP	OKLAWAHA, FL 32179	CITY-ST-ZIP	Belleview, FL 34420		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAFFALL, MARTHA E	NAME			
STREET ADDRESS	12342 SE 135TH CT.	STREET ADDRESS			
CITY-ST-ZIP	OKLAWAHA, FL 32179	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENSDELL, GLORIA M	NAME			
STREET ADDRESS	18845 S.E. 65TH ST	STREET ADDRESS			
CITY-ST-ZIP	OKLAWAHA, FL	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COY, PATRICIA B	NAME			
STREET ADDRESS	10880 SE 72ND TER.	STREET ADDRESS			
CITY-ST-ZIP	BELLEVIEW, FL 34420	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 title empowered.					
SIGNATURE: <u>Martha E Caffall</u>			04/08/04 352/288-1350		
<small>Signature of Officer or Director</small>			<small>Date</small>		

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