


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000001819</b> 1. Entity Name <b>THE CEDAR BENNETT PROJECT, INC.</b>	
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Principal Place of Business <b>515 BELLEVIEW BLVD CLEARWATER, FL 33756</b>	Mailing Address <b>515 BELLEVIEW BLVD CLEARWATER, FL 33756</b>
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**DO NOT WRITE IN THIS SPACE**



04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>46-0476635</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROSENFELD, EDWARD  
515 BELLEVIEW BLVD  
CLEARWATER, FL 33756**

**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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSENFELD, EDWARD 515 BELLEVIEW BLVD CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PORTER, WAYNE 603 ENGMAN CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROSENFELD, MERRY 515 BELLEVIEW BLVD CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000300096  
04/12/05-80007-009 61.25

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 617, 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:** Edward Rosenfeld EDWARD ROSENFELD 7 APR 05 7274474220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #