


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P0000105725 1. Entity Name CEDAR POINT SERVICES, INC.	
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Principal Place of Business 2405 MERCER AVE STE 6 WEST PALM BEACH, FL 33401	Mailing Address 2405 MERCER AVE STE 6 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE

01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1055098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DINNHAUPT, MAURA E
 2405 MERCER AVE STE 6
 WEST PALM BEACH, FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENNEDY, MEGAN E
STREET ADDRESS	127 MAIN STREET
CITY-STATE-ZIP	NORWELL, MA 02161
TITLE	P
NAME	CONNOLLY, MAURA E
STREET ADDRESS	2405 MERCER AVE. STE 6
CITY-STATE-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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000000717061
 04/30/07-80033-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Maura E. Connolly Maura E. Connolly President 4/17/07 (561) 659-9005
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #