

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000007694

1. Entity Name
CEDAR DALE INDUSTRIES, INC.



Principal Place of Business
1120 3RD ST.
ST. AUGUSTINE, FL 32095

Mailing Address
1120 3RD ST.
ST. AUGUSTINE, FL 32095



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3692012
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEASLER, FRANK R JR
HENDERSON KEASLER LAW FIRM
4309 PABLO OAKS CT., #200
JACKSONVILLE, FL 32224

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000060734
02/23/04-80051-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STINCHFIELD, CHARLES
STREET ADDRESS	1120 3RD ST.
CITY - ST - ZIP	ST. AUGUSTINE, FL 32095
TITLE	D
NAME	ARMSTRONG, COLIN W
STREET ADDRESS	166 A1A N. ST. EAST
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES STINCHFIELD

Date

Daytime Phone #

2/15/04

904-829-5494