

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90127 023 \*\*\*150.00

<b>DOCUMENT # P01000007694</b> 1. Entity Name <b>CEDAR DALE INDUSTRIES, INC.</b>					
Principal Place of Business <b>1120 3RD ST. ST. AUGUSTINE, FL 32095</b>			Mailing Address <b>1120 3RD ST. ST. AUGUSTINE, FL 32095</b>		
2. Principal Place of Business <b>3370 AGRICULTURAL CTR DR.</b>		3. Mailing Address <b>3370 AGRICULTURAL CTR DR.</b>			
Suite, Apt. #, etc. <b>Suite 102</b>		Suite, Apt. #, etc. <b>Suite 102</b>		03022006 Chg-P CR2E034 (11/05)	
City & State <b>St. Augustine, FL</b>		City & State <b>St. Augustine, FL</b>		4. FEI Number <b>59-3692012</b>	
Zip <b>32092</b>		Country <b>ST. JOHN'S</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/>	
6. Name and Address of Current Registered Agent  <b>STINCHFIELD, CHARLES 14 COVE RD PONTE VEDRA BEACH, FL 32082</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u>Charles Stinchfield</u> DATE: <u>3/15/06</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STINCHFIELD, CHARLES 1120 3RD ST. ST. AUGUSTINE, FL 32095</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT STINCHFIELD, CHARLES 3370 AGRICULTURAL CTR DR S102 ST. AUGUSTINE, FL, 32092</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Charles Stinchfield</u> <b>CHARLES STINCHFIELD</b> <u>3/10/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

904-829-5444