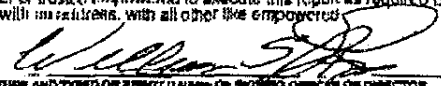


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000100644		
1. Entity Name CEDAR ENGINEERING, INC		
Principal Place of Business 4825 INVESTMENT LANE SUITE 11 RIVIERA BEACH, FL 33404	Mailing Address 3825 INVESTMENT LANE SUITE 11 RIVIERA BEACH, FL 33404	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STROM, WILLIAM 3825 INVESTMENT LANE SUITE 11 RIVIERA BEACH, FL 33404		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 change of registered agent. SIGNATURE: _____ DATE: _____ Signature of Agent or authorized officer of registered agent and his corporate seal (if applicable) must be attached to this statement when received.		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P STROM, WILLIAM 3825 INVESTMENT LANE, STE 11 RIVIERA BEACH, FL 33404	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S STROM, BIRGITTE 3825 INVESTMENT LANE, STE 11 RIVIERA BEACH, FL 33404	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(2)(b), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made with a seal. I am an officer or director of the corporation or the receiver or trustee designated 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 my address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		U000000149067 05/03/04-80172-008 150.00 DO NOT WRITE IN THIS SPACE



00312004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1157623	Applied for Not Applicable
5. Certificate of Status Unpaid ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

My Phone Number

561
4/28/04 841-9200