


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90013 004 ***150.00

DOCUMENT # P02000049050					
1. Entity Name CEDAR RIDGE PROPERTIES, INC.					
Principal Place of Business 728 W CANAL STREET NEW SMYRNA BEACH, FL 32170			Mailing Address PO BOX 1506 NEW SMYRNA BEACH, FL 32170-1506		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01192004 Chg-P CR2E034 (10/03) 04-3660067	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEAVER, ROBERT B 3620 LETTUCE LANE NEW SMYRNA BEACH, FL 32168				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEAVER, ROBERT B		NAME	David G. Weaver	
STREET ADDRESS	3620 LETTUCE LANE		STREET ADDRESS	950 Corbin Park Rd	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 321688740		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, ROBERT B		NAME		
STREET ADDRESS	3620 LETTUCE LN		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 321688740		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYBRAND, C.M.		NAME		
STREET ADDRESS	PO BOX 1506		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 321701506		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>CM Lybrand</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date: <u>2/21/04</u> (386)428-2315		
			Daytime Phone #		