


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90081 008 ***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**

50008393



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3660067

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WEAVER, ROBERT B
3620 LETTUCE LANE
NEW SMYRNA BEACH, FL 32168**

**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 reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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-ST-ZIP	PD WEAVER, ROBERT B 3620 LETTUCE LN NEW SMYRNA BEACH, FL 321688740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYBRAND, C.M. PO BOX 1506 NEW SMYRNA BEACH, FL 321701506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEAVER, DAVID G 950 CORBIN PARK RD NEW SMYRNA BEACH, FL 32168
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: C.M. LYBRAND **C.M. LYBRAND, Treasurer** 1/10/2005 (386) 428-2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #