

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90050 048 \*\*\*150.00

**DOCUMENT # P02000049050**

1. Entity Name  
**CEDAR RIDGE PROPERTIES, INC.**



Principal Place of Business <b>728 W CANAL STREET          NEW SMYRNA BEACH, FL 32170</b>	Mailing Address <b>PO BOX 1506          NEW SMYRNA BEACH, FL 32170-1506</b>
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**60011303**



01222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3660067</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	

**DO NOT WRITE IN THIS SPACE**

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: *CM Lybrand* **CM LYBRAND** Treasurer 2/2/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 386 428-2315