2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90476 022 ***150.00

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1. Entity Name
CEDAR RIDGE PROPERTIES, INC.

Principal Place of Business	Mailing Address
728 W CANAL STREET NEW SMYRNA BEACH, FL 32170	PO BOX 1506 NEW SMYRNA BEACH, FL 32170-1506

60045555

01302007 No Chg-P CR2E034 (11/05)

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

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEAVER, ROBERT B
STREET ADDRESS	3620 LETTUCE LN
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 321688740
TITLE	TD
NAME	LYBRAND, C.M.
STREET ADDRESS	PO BOX 1506
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 321701506
TITLE	DS
NAME	WEAVER, DAVID G
STREET ADDRESS	950 CORBIN PARK RD
CITY-ST-ZIP	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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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: C.M. Lybrand Treasurer C.M. Lybrand 4/26/07 (386) 428-2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #