2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000049050

1. Entity Name

CEDAR RIDGE PROPERTIES, INC.



FILED Mar 05, 2008 08:00 A **Secretary of State**

Principal Place of Business

Mailing Address

728 W CANAL STREET

PO BOX 1506

NEW SMYRNA BEACH, FL 32170

NEW SMYRNA BEACH, FL 32170-1506



02012008

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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. 1 am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	ORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEAVER, ROBERT B 3620 LETTUCE LN NEW SMYRNA BEACH, FL 321688740)		Unnna47967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYBRAND, C.M. PO BOX 1506 NEW SMYRNA BEACH, FL 321701506				U00000847907 03/19/08-80038-007 150.00
TATLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEAVER, DAVID G 950 CORBIN PARK RD NEW SMYRNA BEACH, FL 32168		,	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information opening with this five				9 Florida Statutos I further codify 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: