

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049050

FILED
Apr 22, 2009
Secretary of State

Entity Name: CEDAR RIDGE PROPERTIES, INC.

Current Principal Place of Business:

728 W CANAL STREET
NEW SMYRNA BEACH, FL 32170

New Principal Place of Business:

Current Mailing Address:

PO BOX 1506
NEW SMYRNA BEACH, FL 321701506

New Mailing Address:

FEI Number: 04-3660067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, ROBERT B
3620 LETTUCE LANE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEAVER, ROBERT B
Address: 3620 LETTUCE LN
City-St-Zip: NEW SMYRNA BEACH, FL 321688740

Title: TD () Delete
Name: LYBRAND, C.M.
Address: PO BOX 1506
City-St-Zip: NEW SMYRNA BEACH, FL 321701506

Title: DS () Delete
Name: WEAVER, DAVID G
Address: 950 CORBIN PARK RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B WEAVER

RA

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date