

# 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