

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049050

FILED  
Jan 07, 2011  
Secretary of State

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

**Current Principal Place of Business:**

4287 STATE ROAD 44  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1506  
NEW SMYRNA BEACH, FL 321701506 US

**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

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA M LYBRAND

TD

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date