

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-05-2005 90112 033 ***150.00
P03000102112

FILED
05 JUL 18 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P03000102112			
1. Entity Name CEDAR SHOALS INC.			
Principal Place of Business 12602 SR 24 CEDAR KEY FL 32625		Mailing Address 12602 SR 24 CEDAR KEY FL 32625	
2. Principal Place of Business <i>12602 S.R. 24</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Cedar Key, FL</i>		City & State	
Zip <i>32625</i>	Country <i>USA</i>	Zip <i>32625</i>	Country
4. FEI Number 59-3570254		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, CHRISTOPHER W 11871 RYE KEY DR CEDAR KEY FL 32625		7. Name and Address of New Registered Agent Name <i>Christopher W. Reynolds</i> Street Address (P.O. Box Number is Not Acceptable) <i>12602 S.R. 24</i> City <i>Cedar Key FL</i> FL Zip Code <i>32625</i>	
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 <i>Christopher Reynolds</i> DATE <i>4/26/05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS, CHRISTOPHER W 11871 RYE KEY DR CEDAR KEY FL 32625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEYFERT, LINDA L 11871 RYE KEY DR CEDAR KEY FL 32625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Christopher Reynolds</i>		DATE: <i>4/29/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	