

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90019 043 ***150.00

40009908



DOCUMENT # P03000127547 1. Entity Name CEDAR LOG HOMES OF FLORIDA INC.			
Principal Place of Business 515 CLERMONT DRIVE WEST ORANGE PARK, FL 32073		Mailing Address 515 CLERMONT DRIVE WEST ORANGE PARK, FL 32073	
2. Principal Place of Business 2128 Ginhouse Dr. Suite, Apt. #, etc.		3. Mailing Address 2128 Ginhouse Dr. Suite, Apt. #, etc.	
City & State Middleburg, FL Zip 32068 Country Clay		City & State Middleburg, Fla. Zip 32068 Country Clay	
4. FEI Number 51-0487914		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 PLATO, KENNETH S 515 CLERMONT DRIVE WEST ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name Lorie C. Plato Street Address (P.O. Box Number is Not Acceptable) 2128 Ginhouse Dr. City Middleburg FL Zip Code 32068	
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 <u>Lorie C. Plato</u> <u>Lorie C. Plato</u> <u>1-28-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D PLATO, KENNETH S 515 CLERMONT DRIVE WEST ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Plato, Kenneth S. 2128 Ginhouse Dr. Middleburg, FL 32068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATO, LORIE C 515 CLERMONT DRIVE WEST ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Plato, Lorie C. 2128 Ginhouse Dr. Middleburg, Fla 32068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Lorie C. Plato</u> <u>Lorie C. Plato</u> <u>1-28-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			