2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P04000125873

Entity Name: THE CEDAR BAY COMPANY, INC.

Current Principal Place of Business:

371 22ND AVE
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 543
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 20-1572636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOODWORTH, MICHAEL J
371 22ND AVE
APALACHICOLA, FL 32320 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: P ( ) Delete
Name: BLOODWORTH, MICHAEL J
Address: 371 22ND STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: VP ( ) Delete
Name: BLOODWORTH, RONALD M
Address: 1109 W. GORRIE DRIVE
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: S ( ) Delete
Name: BLOODWORTH, MARCELE B
Address: 371 22ND STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: TRES ( ) Delete
Name: BLOODWORTH, BENJAMIN
Address: 633 E GORRIE DR
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: DIR (X) Delete
Name: DUHART, MICHAEL B
Address: 502A NORTHEAST AVE A
City-St-Zip: CARRABELLE, FL 32322

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:

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: MICHAEL BLOODWORTH OFFI 04/29/2009

Electronic Signature of Signing Officer or Director — Date