

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000077152

Entity Name: CEDARS AIRFIELD, INC.

FILED
Feb 08, 2005
Secretary of State

Current Principal Place of Business:

598 2ND STREET
PO BOX 117
CEDAR KEY, FL 32625

Current Mailing Address:

P.O. BOX 117
CEDAR KEY, FL 32625

New Principal Place of Business:

598 2ND STREET
PO BOX 117
CEDAR KEY, FL 32625 US

New Mailing Address:

P.O. BOX 117
CEDAR KEY, FL 32625 US

FEI Number: 59-3342953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLERMANN, DORIS
598 2ND STREET
P.O. BOX 117
CEDAR KEY, FL 32625 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: FRANKS, MARVIN L
Address: 1150 AIRPORT ROAD
City-St-Zip: FAIRMONT, WV 26554 US

Title: VD () Delete
Name: MINER, FRED
Address: 333 TYRONE AVERY ROAD
City-St-Zip: MORGANTOWN, WV 26508 US

Title: STD () Delete
Name: HELLERMANN, DORIS
Address: 598 2ND STREET
City-St-Zip: CEDAR KEY, FL 32625 US

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 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 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: DORIS HELLERMANN

STD

02/08/2005

Electronic Signature of Signing Officer or Director

_____ Date