2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED		
DOCU  1. Entity Nar	IMENT # P970000916	346 ~ *			Feb 12, 2005 08:00 AM Secretary of State		
CEDAR	OIL, INC.		· 		Secreta	ry or Su	ate
Principal Plac	ce of Business	Mailing Address					
8841 4TH ST. NORTH ST. PETERSBURG FL 33702		8841 4TH ST. NORTH ST. PETERSBURG FL 33702					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)			
City & State		City & State		4. FEI Number 59-3473332	1	pplied For ot Applicable	
Zip	Country	<b>Z</b> ip	Coun	try	5. Certificate of Status Desired	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registe	red Agent	
MOUHAWASSE, EDGAR G			1	Name			
8841 4TH ST. NORTH ST. PETERSBURG FL 33702			!	Street Address (	P.O. Box Number is Not Acceptable)		
				City	· - · · · · · · · · · · · · · · · ·	FL Zip Cod	le .
8. The above	e named entity submits this statement for tions of registered agent	ir the purpose of changing i	its registere	ed office or register	red agent, of both, in the State of Florida. I	am familiar with,	and accept
SIGNATURE							
 	Signature, typed or printed name of registered agent	and lifts if applicable (NC	OTE Registered	Agent signature tequired	d when reinstaling) DV	NTE	
After	FILE NOW!!) FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 & Payable to Florida Department o	f State			9. Election Campaign Fir Trust Fund Contributio		.00 May Be ed to Fees
10.	OFFICERS AND	* * *	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	IS IN 11
TITLE	P	☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MOUHAWASSE, EDGAR G 8841 4TH ST. NORTH ST. PETERSBURG FL 33702			TT ADDRESS ST-7IP	U00000226751 02/12/05-80028-019 150.00		
TITLE	VP	☐ Delete	TITLE	<del></del>		☐ Change	Addition
NAME	MOUHAWASSC, PEGGY	□ Delete	NAME	,		C originge	CT Modifion
1	8841 4TH ST. NORTH			ET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG FL 33702			ST-ZIF		[ ] A1	
NAME		Delete	TITLE	<b>I</b>		Change	Addition
STREET ADDRESS			STREE	ET ADDRESS			
CITY-ST-ZIP			CITY-	ST-ZIP			
TITLE NAME		☐ Deiele	THIF			Change	Addition Addition
STREET ADDRESS	]		NAME STREE	T ADDRESS			
CITY-ST-ZIP				SI-ZIP			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME CERCET ADDRESS			NAME	1			
STREET ADDRESS City St Zip				T ADDRESS ST- ZIP			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME		⊢ Delete	NAME			□ oudulge	L_3 residui)
STREET ADDRESS			1	T ADDRESS			
CITY-ST-7IP				ST-ZIP			
12. I hereby of indicated of the cor changed.	certify that the information supplied with I on this report or supplemental report is rporation or the Taceiver or trustee empo , or on an attachment with an addyess, \	this filing does not qualify for true and accurate and that towered to execute this report with all other like empowere	for the exent t my signatu rt as require d.	nption stated in Seure shall have the seed by Chapter 607	ction 119 07(3)(i), Florida Statutes, I further same legal effect as if made under oath, th r, Florida Statutes; and that my name appe	certify that the it at I am an officer ars in Block 10 o	nformation or director r Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: