

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90065 039 \*\*\*150.00

**DOCUMENT # P98000081410**

1. Entity Name

C.E.D.B., INC.



Principal Place of Business

5667 SEMINOLE BLVD  
SEMINOLE FL 33772

Mailing Address

124 BUTTONWOOD CIR  
SEMINOLE FL 33777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3533715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRICKSON, CAROLYN L  
124 BUTTONWOOD CIR  
SEMINOLE FL 33777

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004. Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRICKSON, CAROLYN L	
STREET ADDRESS	124 BUTTONWOOD CIR	
CITY - ST - ZIP	SEMINOLE FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMES, EDWARD	
STREET ADDRESS	124 BUTTONWOOD CIR	
CITY - ST - ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

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:

*Carolyn L Hendrickson, President*  
CAROLYN L HENDRICKSON, PRESIDENT

3-25-04

727-399-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #