## 2004 FOR PROFIT CORPORATION

## Apr 21, 2004 08:00 AM \_\_\_\_\_ Secretary of State ANNUAL REPORT DOCUMENT # P99000057453 1. Entity Name WHITE CEDAR, INC. Principal Place of Business Mailing Address 1120 PALMETTO AVENUE 1120 PALMETTO AVENUE MELBOURNE, FL 32901 MELBOURNE, FL 32901 04122004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-3593339 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STIVERS, JACIE DO NOT WRITE 1120 PALMETTO AVENUE MELBOURNE, FL 32901 IN THIS SPACE B. 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 rematising) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DD:E NAME STIVERS, JACIE 1120 E. PALMETTO AVE STREET ADDRESS CITY-ST-ZP MELBOURNE, FL 32901 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP THEE NAME

12. Thereby certify that the information supplied with this filling 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 trustage-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 attachmen less, with all other like empowered

SIGNATURE:

STREET AGGRESS CITY-57-ZIP RITLE NAME STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**