

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90005 008 \*\*\*150.00

**50003585**



01122005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000066444</b> 1. Entity Name <b>CEDAR CREEK RANCH, INC.</b>					
Principal Place of Business P.O. BOX 9875 PANAMA CITY, FL 32417			Mailing Address P.O. BOX 9875 PANAMA CITY, FL 32417		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3589587</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLEMING, GEORGE R 8317 FRONT BEACH ROAD SUITE 8-A PANAMA CITY BEACH, FL 32408			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SYFRETT, T. FRANK		NAME		
STREET ADDRESS	P.O. BOX 9875		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32417		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLEMING, GEORGE R		NAME		
STREET ADDRESS	P.O. BOX 9875		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32417		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SYFRETT, TROY F JR.		NAME		
STREET ADDRESS	P.O. BOX 9875		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32417		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAULDIN, JIMMY		NAME	VD mauldin, Jimmy	
STREET ADDRESS	P.O. BOX 9875		STREET ADDRESS	P.O. Box 9875	
CITY-ST-ZIP	PANAMA CITY, FL 32417		CITY-ST-ZIP	Panama City Bch, FL 32417	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1/13/05 Daytime Phone #: 850 233-9121		

*George R. Fleming*