

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000078308

1. Entity Name
CEDAR DEVELOPMENT CORP.



Principal Place of Business

7777 GLADES ROAD
SUITE 310
BOCA RATON, FL 33434

Mailing Address

7777 GLADES ROAD
SUITE 310
BOCA RATON, FL 33434



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0945002	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIER, ROBERT J
7777 GLADES ROAD
SUITE 310
BOCA RATON, FL 33434

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHMIER, ROBERT J
STREET ADDRESS	7777 GLADES ROAD SUITE 310
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	JACOBSON, HAROLD B
STREET ADDRESS	C/O SUPREMA, INC. 7900 GLADES RD. STE#510
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	CEOS
NAME	FEURRING, DOUGLAS R
STREET ADDRESS	7777 GLADES RD #310
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VP
NAME	KOOLIK, GARY
STREET ADDRESS	7900 GLADES RD #510
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Schmier, Pres.

3/25/08

561-483-8400

Date

Daytime Phone #