

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90038 041 ***150.00

DOCUMENT # S74021

1. Entity Name

CEDAR GROVE ENTERPRISES, INC.



Principal Place of Business

9430 S MAGNOLIA AVE
OCALA FL 34476
US

Mailing Address

P O BOX 1588
BELLEVIEW FL 34421
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

9430 S. Magnolia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala

Zip

Country

Zip

34476

Country

US

4. FEI Number

59-3079737

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, PHILIP M.
9430 S MAGNOLIA AVE
OCALA FL 34476

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, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	V MATTHEWS, PHILIP M. 9430 S MAGNOLIA AVE OCALA FL 34476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS MATTHEWS, KAREN E. 9430 S MAGNOLIA AVE OCALA FL 34476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Karen E Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07 352-237-3330
Date Daytime Phone #