


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S88468			
1. Entity Name CED AFFORDABLE HOUSING DEVELOPMENT, INC.			
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

04 FEB 16 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01212004 Chg-P CR2E034 (10/03) *MRS*

4. FEI Number Applied For
59-3099460 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
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; border: 1px solid black; padding: 2px;"> 600029322616 02/24/04--01060--010 **150.00 </div> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVP WOJCIECHOWSKI, MICHAEL <input type="checkbox"/> Delete	TITLE	
NAME	1551 SANDSPUR ROAD	NAME	
STREET ADDRESS	MAITLAND, FL 32751	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DPST GINSBURG, ALAN H <input type="checkbox"/> Delete	TITLE	
NAME	1551 SANDSPUR ROAD	NAME	
STREET ADDRESS	MAITLAND, FL 32751	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V SCIARRINO, MICHAEL <input type="checkbox"/> Delete	TITLE	
NAME	1551 SANDSPUR ROAD	NAME	
STREET ADDRESS	MAITLAND, FL 32751	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: _____ *2/6/04* *407-741-8500*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #