


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 331258 1. Entity Name CYPRESS GARDENS REALTY, INC.	
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Principal Place of Business 290 CYPRESS GARDENS BLVD, S E P.O. BOX 1439 WINTER HAVEN, FL 33880	Mailing Address 290 CYPRESS GARDENS BLVD, S E P.O. BOX 1439 WINTER HAVEN, FL 33880
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02022006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1212508	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**NOLEN, J M
290 CYPRESS GARDENS BLVD, S E
WINTER HAVEN, FL 33880**

**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 re-stating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SECKEL, LARRY 504 LAKE MARIAM WINTER HAVEN, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEIS, GEORGE W 700 MIRROR TERR N W WINTER HAVEN, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOLEN, J M JR 122 LAKE MARIAM WAY WINTER HAVEN, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOLEN, J M 290 CYPRESS GARDENS BLVD, S E WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/06-80075-006 150.00

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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: J. M. Nolen **J M NOLEN** 2-24-06 863-294-7591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #