

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1/21/05 80004 COS-15000

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005396

1. Entity Name
CYPRESS RUN PROJECT INVESTORS, INC.



Principal Place of Business
**15501 BRUCE B. DOWNS BLVD
TAMPA, FL 33047**

Mailing Address
**8588 KATY FREEWAY
STE 240
HOUSTON, TX 77024**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3479575

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GRANVILLE, THOMAS
STREET ADDRESS	2001 MARCUS AVE #N118
CITY-ST-ZIP	LAKE SUCCESS, NY 11042
TITLE	S
NAME	STANTON, VIRGINIA
STREET ADDRESS	2001 MARCUS AVE STE N118
CITY-ST-ZIP	LAKE SUCCESS, FL 11042
TITLE	P
NAME	MUNSON, D. GARY
STREET ADDRESS	2001 MARCUS AVE STE N118
CITY-ST-ZIP	LAKE SUCCESS, NY 11042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

[Handwritten Signature]

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: *[Handwritten Signature]* **THOMAS GRANVILLE** **1-5-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #