

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H88130

1. Entity Name
CYPRESS PAPERBACK EXCHANGE, INC.



Principal Place of Business
9541 CYPRESS LAKE DR.
FT MYERS, FL 33919

Mailing Address
9541 CYPRESS LAKE DR.
FT MYERS, FL 33919

FILED
May 02, 2005 08:00 AM
Secretary of State



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2619597

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EARLY, WILLIAM L.
9541 CYPRESS LAKE DR.
FT MYERS, FL 33919

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD
NAME	EARLY, WILLIAM L.
STREET ADDRESS	27093 ALLEN ST SE
CITY-ST-ZIP	BONITA SPRINGS, FL
TITLE	STD
NAME	EARLY, CASSANDRA M.
STREET ADDRESS	27093 ALLEN ST SE
CITY-ST-ZIP	BONITA SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/05-80071-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William L. Early
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05
Date

239-489-28
Daytime Phone