

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068409

FILED
May 01, 2009
Secretary of State

Entity Name: CYPRESS POND PRODUCTIONS, INC.

Current Principal Place of Business:

208 SOUTH WIGGINS ROAD
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5513
LAKELAND, FL 33807

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, NANCY L D
208 S. WIGGINS RD.
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HOWARD, NANCY L
Address: 208 SOUTH WIGGINS ROAD
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: SPIRNOCK, RAYMOND A
Address: 208 SOUTH WIGGINS RD.
City-St-Zip: PLANT CITY, FL 33566 US

Title: D () Delete
Name: SPIRNOCK, SHIRLEY J
Address: 208 S WIGGINS RD.
City-St-Zip: PLANT CITY, FL 33566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY L. HOWARD

PSTD

05/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date