


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000071070

1. Entity Name
CYPRESS POINT INVESTORS, INC.



Principal Place of Business
29 CHEYENNE COURT
PALM COAST, FL 32137

Mailing Address
PO BOX 0855
PALM COAST, FL 32135

DO NOT WRITE IN THIS SPACE

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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3474474

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUNTHARP, PAUL M.JR.
4 OLD KINGS NORTH, STE. B
PALM COAST, FL 32137

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D STAGLIANO, ANTHONY 29 CHEYENNE COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLARD, MICHAEL W 35 CLEVELAND CT PALM COAST, FL 32137
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01/12/05-80019-002 150.00

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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: Anthony Stagliano ANTHONY STAGLIANO 1-5-05 386-445-7030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #