


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000016332

1. Entity Name
811 CYPRESS CREEK CORPORATION



Principal Place of Business
**811-B CYPRESS VILLAGE BLVD.
 RUSKIN, FL 33573**

Mailing Address
**811-B CYPRESS VILLAGE BLVD.
 RUSKIN, FL 33573**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3493638 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**OWENS, V. JEAN
 811-B CYPRESS VILLAGE BLVD
 RUSKIN, FL 33573**

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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, 2004 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	PD OWENS, V. JEAN 811-B CYPRESS VILLAGE BLVD. RUSKIN, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, THOMAS M P.O. BOX 1472 HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLAND, TROY W P.O. BOX 90 ST. PETERSBURG, FL 33731
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Jean Owens, Pres. 1-6-04 813 633-3396
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #