


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000016332 1. Entity Name 811 CYPRESS CREEK CORPORATION	
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Principal Place of Business 811-B CYPRESS VILLAGE BLVD. RUSKIN, FL 33573	Mailing Address 811-B CYPRESS VILLAGE BLVD. RUSKIN, FL 33573
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3493638	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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, 2008 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	

01/31/08-80017-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Owen 1-21-08 813-633-3396

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