

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000047449

**Entity Name:** BLUE CYPRESS SERVICES INC.

**Current Principal Place of Business:**

4604 49TH STREET N.  
STE 11  
SAINT PETERSBURG, FL 33709

**Current Mailing Address:**

4604 49TH STREET N.  
STE 11  
SAINT PETERSBURG, FL 33709

**FEI Number:** 81-2612692

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCALAVY, KEEVY  
4604 49TH STREET N.  
STE 11  
SAINT PETERSBURG, FL 33713 US

*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

**Officer/Director Detail :**

Title P  
Name MCALAVY, KEEVY  
Address 4604 49TH STREET N. STE 11  
City-State-Zip: SAINT PETERBURG FL 33709

Title VP  
Name WADE, SYDNEY  
Address 4604 49TH STREET N. STE 11  
City-State-Zip: SAINT PETERBURG FL 33709

Title VP  
Name POWERS, MARCILE  
Address 4604 49TH STREET N.  
STE 11  
City-State-Zip: SAINT PETERSBURG FL 33709

*I hereby 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 all other like empowered.*

**SIGNATURE:** KEEVY MCALAVY

**PRESIDENT**

**02/22/2017**

Electronic Signature of Signing Officer/Director Detail

Date