

2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2011 AUG 17 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 241543

1. Entity Name
CYPRESS TIRE CO., INC.



Principal Place of Business
2010 8TH STREET N.W.
WINTER HAVEN, FL 33881-1328 US

Mailing Address
2010 8TH STREET N.W.
WINTER HAVEN, FL 33881-1328 US

000207996490
05/31/11--01011--023 **150.00



06012011 Chg-P CR2E034 (11/08)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0909486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENDRES, LISA K
904 THOMPSON CIRCLE, N.W.
WINTER HAVEN, FL 33881

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 23, 2011**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KATROS, WADE J
STREET ADDRESS P O BOX 23321
CITY-ST-ZIP FT LAUDERDALE, FL 33307

TITLE ☐ Change ☐ Addition
NAME 000207996490
STREET ADDRESS 08/17/11--01004--002
CITY-ST-ZIP **200.00

TITLE D ☐ Delete
NAME KATROS, JOHN G
STREET ADDRESS 500 W LAKE ELBERT
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ Change ☐ Addition
NAME 000207996490
STREET ADDRESS 08/17/11--01004--003
CITY-ST-ZIP **200.00

TITLE DS ☐ Delete
NAME KATROS, MARGARET
STREET ADDRESS 500 W LAKE ELBERT
CITY-ST-ZIP WINTER HAVEN, FL 00000,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME ENDRES, LISA K.
STREET ADDRESS 904 THOMPSON CIRCLE NW
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lisa K. Endres Lisa K. Endres

6-8-11

863 294 3161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #