


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90063 050 ***150.00

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # 264354 1. Entity Name CYPRESS LAKE NO 11, INC. | | | |  | |
| Principal Place of Business 1401 SE 9TH AVENUE 4 POMPANO BEACH FL 33060 US | | | Mailing Address 1401 SE 9TH AVENUE 4 POMPANO BEACH FL 33060 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number 59-1916540 Applied For <input type="checkbox"/> Not Applicable | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PEHLING, GAIL 1401 SE 9TH AVE., #4 POMPANO BCH FL 33060 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WENTLING, DAVID 1401 SE 9TH AVE #2 POMPANO BCH FL | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD AMPER, BRIQITTE 1401 SE 9TH AVE #1 POMPANO BCH FL | | | <input type="checkbox"/> Delete | |
| <i>Wrong spelling</i> | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROSEMARY, JOYCE 1401 SE 9TH AVE #3 POMPANO BEACH FL | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PEHLING, GAIL 1401 SE 9TH AVE #4 POMPANO BCH FL | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | | | <input type="checkbox"/> Delete | |
| 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. | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| SIGNATURE: <i>Gail Pehling</i> | | | | 2-16-05 954-781-2775 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |