2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 11, 2004 8:00 am Secretary of State **DOCUMENT # 290475** 03-11-2004 90012 001 ***150.00 CYPRESS CONSTRUCTION COMPANY OF WINTER HAVEN Principal Place of Business Mailing Address 3828 GAINES COVE P.O. BOX 719 WINTER HAVEN, FL 33884 LAKE HAMILTON, FL 33851 HS 2. Principal Place of Business 3. Mailing Address 46 Bream Street Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03032004 Applied For City & State City & State 4 FEI Number 59-1822361 City Not Applicable <u> Haines</u> Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 33844 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRNAD, ROLAND Street Address (P.O. Box Number is Not Acceptable) 3828 GAINES COVE WINTER HAVEN, FL 33884 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Addition TITLE Delete TITLE ☐ Change STRNAD, ROLAND NAME NAME STREET ADDRESS 3828 GAINES COVE STREET ADDRESS WINTER HAVEN, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE VТ Change ☐ Addition STRNAD.INEZ I. NAME NAME Strnad, Inez I. 3828 GAINES COVE STREET ADDRESS STREET ADORESS 3828 Gaines Cove, Winter Haven, FL CITY-ST-ZIP WINTER HAVEN, FL CITY-ST-ZIP x☐ Change ☐ Addition TITLE ☐ Delete TITLE STRNAD, GARY D. NAME NAME Strnad, Gary D., 46 Bream St. STREET ADDRESS STREET ADDRESS 810 CARLTON COURT-Haines City, FL 33844 CITY-ST-ZIF WINTER HAVEN, FL 33884 CITY-ST-ZIP K Addition TITLE ☐ Detete TITLE Change Strnad, Karen, 46 Bream St. NAME NAME STREET ADDRESS STREET ADDRESS 33844 Haines City, FL CITY-ST-71P CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 charged, or on an attachment with an address, with all other like empowered. 03/08/04 Gary Strnad - V SIGNATURE:

FILED