

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90012 001 ***150.00

DOCUMENT # 290475					
1. Entity Name CYPRESS CONSTRUCTION COMPANY OF WINTER HAVEN					
Principal Place of Business 3828 GAINES COVE WINTER HAVEN, FL 33884			Mailing Address P.O. BOX 719 LAKE HAMILTON, FL 33851 US		
2. Principal Place of Business 46 Bream Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Haines City, FL		City & State		4. FEI Number 59-1822361	
Zip 33844		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRNAD, ROLAND 3828 GAINES COVE WINTER HAVEN, FL 33884			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, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STRNAD, ROLAND 3828 GAINES COVE WINTER HAVEN, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STRNAD, INEZ I. 3828 GAINES COVE WINTER HAVEN, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STRNAD, GARY D. 810 CARLTON COURT WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STRNAD, KAREN, 46 Bream St. Haines City, FL 33844	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STRNAD, KAREN, 46 Bream St. Haines City, FL 33844	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STRNAD, KAREN, 46 Bream St. Haines City, FL 33844	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STRNAD, KAREN, 46 Bream St. Haines City, FL 33844	<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.					
SIGNATURE: <u>Gary Strnad - V</u> 03/08/04 863-439-4871					