


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90010 048 \*\*\*150.00

**DOCUMENT # 290475**

1. Entity Name  
**CYPRESS CONSTRUCTION COMPANY OF WINTER HAVEN**



Principal Place of Business  
**46 BREAM STREET  
 WINTER HAVEN, FL 33884**

Mailing Address  
**P.O. BOX 719  
 LAKE HAMILTON, FL 33851 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02082006 Chg-P CR2E034 (11/05)

City & State  
 Zip Country

4. FEI Number  
**59-1822361**

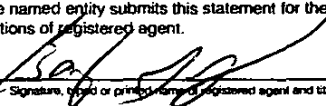
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 **Gary D. Strnad**  
 Street Address (P.O. Box Number is Not Acceptable)  
**46 Bream Street**  
 City **Haines City FL** Zip Code **33844**

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  **Gary D. Strnad Pres** DATE **2/24/06**

Signature of individual or principal named registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

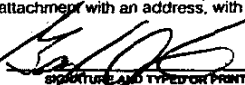
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRNAD, ROLAND 3828 GAINES COVE WINTER HAVEN, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STRNAD, INEZ I. 3828 GAINES COVE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRNAD, GARY D. 46 BREAM ST HAINES CITY, FL 33844	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRNAD, KAREN 46 BREAM ST HAINES CITY, FL 33844	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Gary D. Strnad Pres** Date **2/24/06** Daytime Phone # **(863) 439-4871**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR