

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 505235

FILED
Feb 04, 2004
Secretary of State

Entity Name: CYPRESS REALTY, INC.

Current Principal Place of Business:

7270-4 COLLEGE PKWY
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

7270-4 COLLEGE PKWY
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 59-1678422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, ROBERT L.
7270-4 COLLEGE PKWY
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WADE, ROBERT L.,
Address: 1920 VIRGINIA AVE.
City-St-Zip: FORT MYERS, FL

Title: VD () Delete
Name: COHAN, BRAD L.,
Address: 5346 MIKADO COURT
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: GEHRINGER, THOMAS R,
Address: 1507 SW 57TH TERRACE
City-St-Zip: CAPE CORAL, FL

Title: VD () Delete
Name: WILSON, SHANE M
Address: 8732 DARTMOUTH STREET
City-St-Zip: FT. MYERS, FL 33907

Title: ST () Delete
Name: PIETRAFESA, CONNIE
Address: 1830 BRANTLEY ROAD #F8
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WILSON, SHANE M
Address: 5980 ADELE COURT
City-St-Zip: FT. MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L WADE

PD

02/04/2004

Electronic Signature of Signing Officer or Director

Date