


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90056 045 \*\*\*150.00

<b>DOCUMENT # F04000000375</b> 1. Entity Name CYPRESS HOLDINGS, INC.					
Principal Place of Business 13901 SUTTON PARK DRIVE SOUTH STE. 310 JACKSONVILLE, FL- 32224			Mailing Address 13901 SUTTON PARK DRIVE SOUTH STE. 310 JACKSONVILLE, FL 32224		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3546480</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARGER, GARY R 13901 SUTTON PARK DRIVE SOUTH STE. 310 JACKSONVILLE, FL 32224			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	C FISHMAN, ALAN H 195 MONTAGUE STREET 14TH FL BROOKLYN, NY 11201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSEN, ERIC J 712 FIFTH AVENUE 40TH FL NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Robert Le Blanc 712 Fifth Ave, 40th Fl New York, NY 10019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HARGER, GARY R 13901 SUTTON PARK DRIVE SOUTH STE. 310 JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUGO, LONI G 13901 SUTTON PARK DRIVE SOUTH STE. 310 JACKSONVILLE, FL 32224		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"/> Delete    		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"/> Delete    		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 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 R. Harger</u> <u>4-11-05</u> <u>904-992-4492</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					