

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2005 90056 044 ***150.00

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1. Entity Name
CYPRESS HOLDINGS II, 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

40055307



03222005 Chg-P CR2E034 (10/03)

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

59-3546481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARGER, GARY E
13901 SUTTON PARK DRIVE SOUTH STE. 310
JACKSONVILLE, FL 32224

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME FISHMAN, ALAN H
STREET ADDRESS 195 MONTAGUE STREET 14TH FL
CITY-ST-ZIP BROOKLYN, NY 11201

TITLE D ☐ Change ☒ Addition
NAME Robert LeBlanc
STREET ADDRESS 712 Fifth Ave, 40th Floor
CITY-ST-ZIP New York, NY 10019

TITLE D ☒ Delete
NAME ROSEN, ERIC J
STREET ADDRESS 712 FIFTH AVENUE 40TH FL
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME TROIANO, JOHN G
STREET ADDRESS 712 FIFTH AVENUE 40TH FL
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME HARGER, GARY R
STREET ADDRESS 13901 SUTTON PARK DRIVE SOUTH STE. 310
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary R. Harger

4-11-05

Date

904-992-4492

Daytime Phone #