


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90057 009 \*\*\*150.00

<b>DOCUMENT # G11925</b>		
1. Entity Name <b>LAKE CYPRESS NURSERY, INC.</b>		

Principal Place of Business <b>9601 SEIDEL RD. WINTER GARDEN FL 34787</b>	Mailing Address <b>P O BOX 770429 P.O. BOX 429 WINTER GARDEN FL -4777-0429 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

59-2243594		FEI Number	AP-PLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent  <b>FICQUETTE, ROBERT W 7-EAST-DIVISION ST WINTER GARDEN FL 32787</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FICQUETTE, JOHN D STATE ROAD 545, P.O. BOX 429 WINTER GARDEN, FL 00000 <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	D FICQUETTE, THOMAS H STATE ROAD 545, P.O. BOX 429 WINTER GARDEN, FL 00000 <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	DP FICQUETTE, ROBERT W STATE ROAD 545, P.O. BOX 429 WINTER GARDEN, FL 00000 <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
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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 Robert W. Ficquette **ROBERT W. FICQUETTE** 3.17.04 407-656-2129  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #