

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G13204

FILED
Mar 19, 2009
Secretary of State

Entity Name: CYPRESS TRAVEL CENTER, INC.

Current Principal Place of Business:

921 NEWBERGER RD
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1229
LUTZ, FL 335481229 US

New Mailing Address:

FEI Number: 59-2241039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITAKER, ROBERT D
921 NEWBERGER RD
LUTZ, FL 33549 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: WHITAKER, RICHIE S,
Address: P.O. BOX 1229
City-St-Zip: LUTZ, FL 335481229 US

Title: STD () Delete
Name: WHITAKER, ROBERT D,
Address: P.O. BOX 1229
City-St-Zip: LUTZ, FL 335481229 US

Title: D () Delete
Name: WHITAKER, ROBERT D J, R
Address: 18250 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL 33548 US

Title: D () Delete
Name: WHITAKER, BARRINGTON, P
Address: 107 PEACOCK CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: D () Delete
Name: WHITAKER, CAMPBELL S,
Address: 919 NEWBERGER ROAD
City-St-Zip: LUTZ, FL 33549 US

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: D (X) Change () Addition
Name: WHITAKER, BARRINGTON, P
Address: 923 NEWBERGER ROAD
City-St-Zip: LUTZ, FL 33549 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 D WHITAKER

STD

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date