
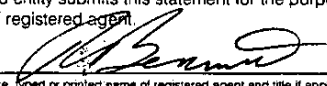
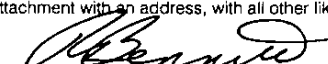


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90266 018 \*\*\*150.00

<b>DOCUMENT # G90394</b> 1. Entity Name <b>CYPRESS CREEK ESTATES, INC.</b>					
Principal Place of Business <b>6144 9TH AVE CIRCLE NE BRANDENTON, FL 34212</b>			Mailing Address <b>6144 9TH AVE CIRCLE NE BRANDENTON, FL 34212</b>		
2. Principal Place of Business <b>2823 HWY 301 N.,</b>		3. Mailing Address <b>2823 HWY 301 N.</b>			
Suite, Apt. #, etc. <b>SUITE #1</b>		Suite, Apt. #, etc. <b>SUITE #1</b>			
City & State <b>ELLENTON, FL</b>		City & State <b>ELLENTON, FL</b>			
Zip <b>34222</b>	Country <b>MANATEE</b>	Zip <b>34222</b>	Country <b>MANATEE</b>	4. FEI Number <b>59-2373146</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENNETT, THOMAS C. JR 6144 9TH AVE CIRCLE NE BRADENTON, FL 34212</b>			7. Name and Address of New Registered Agent Name <b>RICHARD C. BENNETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>2020 WELLON RANCH ROAD</b> City <b>PARRISH</b> <b>FL</b> Zip Code <b>34219</b>		
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 		<b>RICHARD C. BENNETT</b>		<b>04/26/05</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BENNETT, THOMAS C. JR</b> <b>6144 9TH AVE CIRCLE NE</b> <b>BRADENTON, FL 34212</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BENNETT, RICHARD C</b> <b>2020 WELLON RANCH RD.</b> <b>PARRISH, FL 34219</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BENNETT, THOMAS M</b> <b>819 S.E. 47 TERRACE</b> <b>CAPE CORAL, FL 33904</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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: 			<b>RICHARD C. BENNETT, VICE PRESIDENT</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>04/26/05</b>		

14010133



04262005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

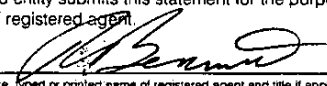
6. Name and Address of Current Registered Agent

Name  
RICHARD C. BENNETT

Street Address (P.O. Box Number is Not Acceptable)  
2020 WELLON RANCH ROAD

City  
PARRISH FL Zip Code  
34219

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  RICHARD C. BENNETT 04/26/05

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BENNETT, THOMAS C. JR  
6144 9TH AVE CIRCLE NE  
BRADENTON, FL 34212

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BENNETT, RICHARD C  
2020 WELLON RANCH RD.  
PARRISH, FL 34219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BENNETT, THOMAS M  
819 S.E. 47 TERRACE  
CAPE CORAL, FL 33904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
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TITLE  
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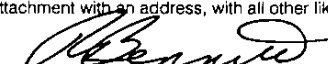
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change 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:  RICHARD C. BENNETT, VICE PRESIDENT 04/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  
04/26/05 Daytime Phone #

ED 6609 420 7305