

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90561 029 \*\*\*150.00

<b>DOCUMENT # G91158</b> 1. Entity Name <b>CYPRESS PRINTING CENTER, INC.</b>						
Principal Place of Business <b>% GARLAND HARDIN 140 S.W. 15TH STREET (MCNAB ROAD) POMPANO BEACH FL 33060</b>			Mailing Address <b>% GARLAND HARDIN 140 S.W. 15TH STREET (MCNAB ROAD) POMPANO BEACH FL 33060</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>HARDIN, GARLAND 140 S.W. 15TH STREET (MCNAB ROAD) POMPANO BEACH FL 33060</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<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>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDIN, GARLAND			NAME		
STREET ADDRESS	1082 S.W. 2ND AVENUE			STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDIN, BETTY J.			NAME		
STREET ADDRESS	1082 S.W. 2ND AVENUE			STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDIN, LEETA			NAME		
STREET ADDRESS	1082 S.W. 2ND AVENUE			STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDIN, REX			NAME		
STREET ADDRESS	1082 S.W. 2ND AVENUE			STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				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.						
<b>SIGNATURE:</b> <i>Rex Hardin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/21/04 954.785.7716 <small>Date Daytime Phone #</small>		