


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90381 018 ***150.00

DOCUMENT # H26899

1. Entity Name
CYPRESS CREEK INTERMEDIARIES, INC.



Principal Place of Business Mailing Address
680 STONEFIELD LOOP **680 STONEFIELD LOOP**
HEATHROW FL 32746 **HEATHROW FL 32746**
US **US**


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60023000



1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
59-2455030 Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKFIELD, KIM P.
405 MUDDYCREEK LANE
ORMOND BEACH FL 32714

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	PYLE, MICHAEL T.
STREET ADDRESS	680 STONEFIELD LOOP
CITY-ST-ZIP	HEATHROW FL
TITLE	VT <input type="checkbox"/> Delete
NAME	PYLE, PEGGY B
STREET ADDRESS	680 STONEFIELD LOOP
CITY-ST-ZIP	HEATHROW FL
TITLE	AV <input type="checkbox"/> Delete
NAME	LANGSTON, LAURIE P
STREET ADDRESS	12 TANGLEWOOD CIRCLE
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	AS <input type="checkbox"/> Delete
NAME	SULLIVAN, CHRISTINE P
STREET ADDRESS	311 PINE SHADOW LANE
CITY-ST-ZIP	LAKE MARY FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie P. Barrett
STREET ADDRESS	19008 Park Place Blvd
CITY-ST-ZIP	Eustis, FL 32726
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Peggy B. Pyle **PEGGY B. PYLE** 3/27/06 407 333 9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #