


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90041 001 ***150.00

DOCUMENT # H49896 1. Entity Name FLORIDA CYPRESS GARDENS, INC.					
Principal Place of Business 2641 S LAKE SUMMIT DR. CYPRESS GARDENS, FL 33884 US			Mailing Address 2641 S LAKE SUMMIT DR. CYPRESS GARDENS, FL 33884 US		
2. Principal Place of Business 5015 S. Florida Ave. Ste 403 Suite, Apt. #, etc.		3. Mailing Address 5015 S. Florida Ave. Ste 403 Suite, Apt. #, etc.			
City & State Lakeland, FL Zip 33813		City & State Lakeland, FL 33813 Zip 33813		4. FEI Number 59-2515569 Applied For <input type="checkbox"/> Not Applicable	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, RONALD L CLARK, CAMPBELL & MAWHINNEY, P.A. 500 S. FLORIDA AVE., SUITE 800 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, LAWRENCE W 5015 S. FLORIDA AVE. LAKELAND, FL 33813 <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	VD BROCK, DENNIS P.O. BOX 72 N/A CYPRESS GARDENS, FL 33884 <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	VD LABUDA, GLENN 3440 LAKEVIEW DR., S.E. WINTER HAVEN, FL 33884 <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	VD TRUPIANO, THOMAS 2107 JONATHAN LANE WINTER HAVEN, FL 33884 <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	PD REYNOLDS, WILLIAMS 50 SKIDMORE RD. WINTER HAVEN, FL 33884 <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	
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: <u>William C. Reynolds</u> William C. Reynolds <u>Jan. 19, 2004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

CC&M #H49896
CLARK, CAMPBELL MAWHINNEY, P.A.
ATTORNEYS AT LAW

H. ADAM AIRTH, JR., LL.M.
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- ¹ BOARD CERTIFIED REAL ESTATE ATTORNEY
² BOARD CERTIFIED ELDER LAW ATTORNEY
³ BOARD CERTIFIED CITY, COUNTY AND LOCAL GOVERNMENT ATTORNEY
⁴ ALSO ADMITTED TO PRACTICE IN TENNESSEE
⁵ BOARD CERTIFIED TAX ATTORNEY

January 19, 2004

Via Regular U.S. Mail

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Florida Cypress Gardens, Inc. 2004 For Profit Corporation Annual Report
Document Number H49896

Dear Sir or Madam:

Enclosed herewith for filing is the 2004 For Profit Corporation Annual Report for Florida Cypress Gardens, Inc., Document Number H49896, along with Check Number 19353 in the amount of \$150.00 for the filing fee.

Thank you for your assistance with this matter. Please do not hesitate to call me if you have any questions or concerns.

Sincerely,


Natasha Rieger

Enclosures

cc: Client (w/o enclosures)