2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 08, 2005 08:00 AM Secretary of State **DOCUMENT # J18948** FLORIDA CYPRESS CONSTRUCTION & DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 5850 GARNETT ROAD PO BOX 2638 MULBERRY, FL 33860 US BARTOW, FL 33831 US 01302005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2694727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DAY, JOHN E., JR. DO NOT WRITE 1860 LAKEPOINT DRIVE BARTOW, FL 33830 IN THIS SPACE 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 _______Sgnature, typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DAY, JOHN E., JR. NAME 1860 LAKEPOINT DRIVE U00000292817 04/08/05-80004-008 150.00 STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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)(f). 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 further employered 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

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

> G OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGN