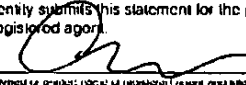
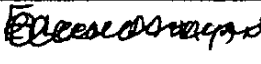
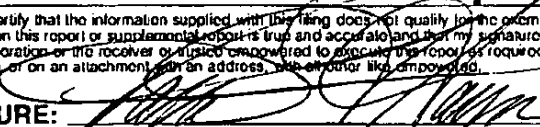


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 26, 2007 8:00 am**  
**Secretary of State**

06-14-2007 90002 012 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                                                                                                                                                                  |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # J46617</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                                                                                 |                                                                              |
| 1. Entity Name<br><b>CYPRESS TITLE COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                                                                  |                                                                              |
| Principal Place of Business<br><b>4002 MCLANE DR<br/>TAMPA FL 33610</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | Mailing Address<br><b>4002 MCLANE DR<br/>TAMPA FL 33610</b>                                                                                                                                                                      |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | 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<br><br><b>GROOMS, FERRIS L JR<br/>5521 WEST CYPRESS<br/>SUITE 206A<br/>TAMPA FL 33607</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | 4. FEI Number <b>59-2748350</b><br>Applied For <input type="checkbox"/><br>Not Applicable <input checked="" type="checkbox"/><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                              |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | 1st MOORE CR2E034 (10/06)                                                                                                                                                                                                        |                                                                              |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | City                                                                                                                                                                                                                             |                                                                              |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | 5/4/07                                                                                                                                                                                                                           |                                                                              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | 9. Election Campaign Financing<br>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                                                                                                                                                                            |                                                                              |
| NAME<br>SAYER, PATRICIA T<br>4002 MCLANE DR<br>TAMPA FL 33610<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | President <input type="checkbox"/> Delete  | NAME<br>SAYER, PATRICIA T<br>4002 MCLANE DR<br>TAMPA FL 33610<br>CITY-STATE-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>DVP<br>GROOMS, FERRIS L JR<br>5521 CYPRESS WEST<br>TAMPA FL<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete            | NAME<br>DVP<br>GROOMS, FERRIS L JR<br>5521 CYPRESS WEST<br>TAMPA FL<br>CITY-STATE-ZIP                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>VP<br>RAMOS, ARTURO M<br>4002 MCLANE DR<br>TAMPA FL 33610<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Delete | NAME<br>VP<br>RAMOS, ARTURO M<br>4002 MCLANE DR<br>TAMPA FL 33610<br>CITY-STATE-ZIP                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete            | NAME<br>EILEEN MORGAN<br>5922 CANY TUFF PLUCE<br>LAND O' LAKES, FL 34639<br>CITY-STATE-ZIP                                                                                                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete            | NAME<br>CITY-STATE-ZIP                                                                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete            | NAME<br>CITY-STATE-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 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, date and/or like empowered. |                                            |                                                                                                                                                                                                                                  |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | 6-8-07 813-626-9999                                                                                                                                                                                                              |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | Date Day, the Month &                                                                                                                                                                                                            |                                                                              |