

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46617

Entity Name: CYPRESS TITLE COMPANY

FILED  
Jun 17, 2008  
Secretary of State

## Current Principal Place of Business:

4002 MCLANE DR  
TAMPA, FL 33610

## New Principal Place of Business:

## Current Mailing Address:

4002 MCLANE DR  
TAMPA, FL 33610

## New Mailing Address:

FEI Number: 59-2748350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GROOMS, FERRIS L JR  
5521 WEST CYPRESS  
SUITE 206A  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAYER, PATRICIA T  
Address: 4002 MCLANE DR  
City-St-Zip: TAMPA, FL 33610

Title: DVP ( ) Delete  
Name: GROOMS, FERRIS L JR  
Address: 5521 CYPRESS WEST  
City-St-Zip: TAMPA, FL

Title: T ( ) Delete  
Name: MORGAN, EILEEN  
Address: 5922 CANDY TUFT PL  
City-St-Zip: LAND O LAKES, FL 34639

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TS (X) Change ( ) Addition  
Name: MORGAN, EILEEN  
Address: 5922 CANDY TUFT PL  
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA T. SAYER

P

06/17/2008

Electronic Signature of Signing Officer or Director

Date