2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J56916

1. Entity Name
CYPRESS COVE TRUCK & EQUIPMENT, INC.

Principal Place of Business	Mailing Address
7051 ALICO ROAD	% JOSEPH A. SIMPSON
1619 JACKSON ST	1619 JACKSON ST
FT MYERS, FL 33912 US	FT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0031588	Not Applicable

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

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6. Name and Address of Current Registered Agent

SIMPSON, JOSEPH A.
1619 JACKSON ST
FT MYERS, FL 33901

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PST	
NAME	SIMPSON, JOSEPH A.	
STREET ADDRESS	1619 JACKSON ST	
CITY-ST-ZIP	FT MYERS, FL	
TITLE	D	
NAME	SIMPSON, JOSEPH A.	
STREET ADDRESS	1619 JACKSON ST	
CITY-ST-ZIP	FT MYERS, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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01/10/06-80008-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   1-5-06   232 332-3266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Joseph A. Simpson, Pres   Date   Daytime Phone #