


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90029 006 ***150.00

DOCUMENT # J56916	
1. Entity Name CYPRESS COVE TRUCK & EQUIPMENT, INC.	

Principal Place of Business 7051 ALICO ROAD 1619 JACKSON ST FT MYERS, FL 33912 US	Mailing Address % JOSEPH A. SIMPSON 1619 JACKSON ST FT MYERS, FL 33901
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40110995



2. Principal Place of Business - No P.O. Box # 7051 Alico Road	3. Mailing Address P.O. Box 9263
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State Ft. Myers, FL	City & State Ft. Myers, FL	4. FEI Number 65-0031588	Applied For <input type="checkbox"/> Not Applicable
Zip 33912	Country US	Zip 33902	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMPSON, JOSEPH A. 1619 JACKSON ST FT MYERS, FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) 1700 Monroe Street City Ft. Myers FL Zip Code 33901

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SIMPSON, JOSEPH A. 1619 JACKSON ST FT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7051 Alico Road Ft. Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, JOSEPH A. 1619 JACKSON ST FT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 Monroe Street Ft. Myers, FL 33901
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
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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 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: Joseph A. Simpson 4-30-07 239/335-2275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #