


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # K24183 1. Entity Name CYPRESS CREEK FARMS, INCORPORATED	
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Principal Place of Business BRADFORD COUNTY RD 225 P O BOX 1071 STARKE, FL 32091	Mailing Address BRADFORD COUNTY RD 225 P O BOX 1071 STARKE, FL 32091
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03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2904933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, SCOTT ROYAL 338 SAN JUAN DR. PONTE VEDRA BEACH, FL 32082

DO NOT WRITE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000131198 04/26/04-80146-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ANDERSON, SCOTT ROYAL BRADFORD CTY 225 PO1071 STARKE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOJICA, SAM 1059 AMBER CT. ORANGE PARK, FL 32065
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Scott Anderson 3.22.04 904-964-3339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #