


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90342 022 ***150.00

DOCUMENT # M29278 1. Entity Name CYPRESS MONTESSORI SCHOOL INC.	
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Principal Place of Business C/O MARY ANN PFAFF 101 SW 2ND STREET POMPANO BEACH, FL 33060	Mailing Address C/O MARY ANN PFAFF 101 SW 2ND STREET POMPANO BEACH, FL 33060
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50040309



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2675903	Applied For Not Applicable
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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

PFAFF, MARY ANN
101 SW 2ND STREET
POMPANO BEACH, FL 33060

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PFAFF, MARY ANN 101 SW 2ND STREET POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HENNESSEY, CLAIRE 101 SW 2ND ST POMPANO BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Claire Hennessey Claire Hennessey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 05 954-943
Date Daytime Phone #

ATTACHMENT 50040309
#M29278

LORI PARRISH - BROWARD
COUNTY PROPERTY APPRAISER
115 S. ANDREWS AVE. ROOM 111
FT LAUDERDALE FL 33301-1899

CYPRESS MONTROSS SCHOOL RD
101 SW 2nd ST
POMPAHO BEACH FL 33060

Tangible Personal Property Tax Return
Confidential §§193.074 F.S.
As Required by §§193.052 & 193.062 F.S. Return to
County Property Appraiser By April 1 to Avoid Penalties
State of Florida, County of BROWARD

Business Name (DBA - Doing Business As) and
Mailing Address

Federal Employer Iden. No

69-2675903
Social Security Number

NAICS/SIC

If name and address is incorrect make necessary corrections

2005

This return subject to audit with all records kept by you.
Incomplete entries are subject to penalties.

1. Please give name and telephone number of Owner or Person in charge of this Business.
Name _____ Telephone _____
Corporate Name _____
2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)

3. Is your business or farm located within the incorporated limits of a City? Yes ___ No ___
What City? _____
4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes ___ No ___
Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or
Other Current Tax Return. _____
5. Date you began business in this county: _____ Fiscal year: _____
- 5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property
additions and deletions through December 31. Yes ___ No ___
6. Describe Type or Nature of Your Business: _____
7. Trade Level (Check as many as apply) Retail ☐ Wholesale ☐ Manufacturing ☐
Professional ☐ Service ☐ Agriculture ☐ Leasing/Rental ☐ Other ☐
8. Did you file a Tangible Personal Property Return in this county last Year? Yes ___ No ___
If so, under what name and where? _____
9. Former owner of the Business: _____
- 9a. If Business sold, to whom? _____
Date Sold _____

Personal Property Summary THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.	Taxpayer's Estimate of Fair Market Value	Original Installed Cost	Appraiser's Use only
10. Office Furniture & Office Machines & Library	307	4,091	
11. EDP Equipment, Computers, Word Processors			
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.			
13. Machinery and Manufacturing Equipment			
14. Farm, Grove, and Dairy Equipment			
15. Professional, Medical, Dental & Laboratory Equipment			
16. Hotel, Motel, & Apartment Complex			
16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances			
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)			
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools			
19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.	0	310	
20. Leasehold improvements must be grouped by type, year of installation and description	0	4,016	
21. Pollution Control Equipment			
22. Equipment owned by you but rented, leased or held by others			
23. Supplies - Not Held for Resale	100	100	
24. Other - Please Specify	407	8,511	
TOTAL PERSONAL PROPERTY			
Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.	LESS EXEMPTION: () WIDOW () WIDOWER () BLIND () TOTAL DISABILITY () OTHER		
DATE <u>4-14-05</u> TITLE <u>owner</u>	Taxable value		Penalty
SIGNED <u>Claire Kennedy</u>	Deputy		
SIGNED <u>Thomas T. Storey CPA</u>	Please sign and date your return, send the original to the county appraiser's office by April 1, unsigned returns cannot be accepted by the appraiser's office.		
ADDRESS <u>240 NE. 25 AVE POMPANO BEACH 33062</u>	Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.		
PHONE NO. <u>65-0377092</u> PREPARER'S I.D. # _____			

Schedules on Reverse Side must be completed in Full.

DR-105