## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 11, 2005 8:00 am Secretary of State

1. Entity Name CYPRESS RESERVE, INC.				07-	11-2005 90	120 047 ****7	0.00	
Principal Place of Business 10712 FLORENCE AVE. 10712 FLORENCE AVE. THONOTOSASSA, FL 33592 THONOTOSASSA, FL 33592		2	~	~~~~~~	772			
2. Principal Place of Business 72.05. B19.Buck C+. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			Buck C	£				
City & State	P 0 V . E/	City & State	<i></i>	4. FEI Number	ng-NP	CR2E037 (10/0	Applied For	
TIANT	Country	PANT CITY	Country	59-357406 5. Certificate of St			Not Applicable Additional	
33565	6. Name and Address of Current R	<u>  33565</u>	1. S.A.	7. Name and Add		Fee Req	uired	
SKALSKI, JOSEPH C P.A.				Name				
14010 ROOSEVELT BLVD. STE. 708 CLEARWATER, FL. 33762			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip	Code	
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								
	Signature, typed or printed name of registered egent er	nd title if applicable. (NOTE: Regi	istered Agent signature requ	uired when reinstating)		DATE		
D	Filling Fee is \$61.25 ue by September 7, 2005	9. Election Campaig Trust Fund Contr	gn Financing	\$5.00 May Be Added to Fees		ake check payab ida Department d		
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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)(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 617, 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:

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