

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000434

1. Entity Name
CYPRESS RESERVE, INC.



Principal Place of Business
7205 BIGBUCK CT
PLANT CITY, FL 33565

Mailing Address
7205 BIGBUCK CT
PLANT CITY, FL 33565



04282008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3574061

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SKALSKI, JOSEPH C P.A.
14010 ROOSEVELT BLVD. STE. 708
CLEARWATER, FL 33762

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee Is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOCIS, STEPHEN
STREET ADDRESS	12404 CALUSA LN
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	VPD
NAME	TOMLINSON, SCOTT
STREET ADDRESS	12603 SELAH RANCH LN
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	D
NAME	TOMLINSON, TODD
STREET ADDRESS	4817 SETH LN.
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/27/08-80069-012170.00

**DO NOT WRITE
IN THIS SPACE**

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne D. Wilson Pres. Elect. WAYNE D. Wilson 813-986-8505
4-29-08 Date Daytime Phone #